

**United States Bankruptcy Court
Central District of California - Los Angeles Division**

In re **Flexogenix Group, Inc.**

Debtor(s)

Case No. **2:19-bk-12927**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Iris Whalen 4706 Mt. Royal Lane Charlotte, NC 28210		82.5%	Shareholder
Jack Miletic 420 Washington Avenue, Apt. 203 Santa Monica, CA 90403		1%	Shareholder
Sean P. Whalen 4706 Mt. Royal Lane Charlotte, NC 28210		15%	Shareholder
Thomas Howard 2754 Lake Waccamaw Trail Apex, NC 27502		1.5%	Shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 6, 2019**

Signature 
Iris Whalen

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Whalen Medical Corporation DBA Flexogenix, Inc., Chapter 11, Case No. 2:19-bk-12928-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix North Carolina, PC, Chapter 11, Case No. 2:19-bk-12929-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix Georgia, PC, Chapter 11, Case No. 2:19-bk-12930-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix Oklahoma, PC, Chapter 11, Case No. 2:19-bk-12931-BR, filed 3/18/2019, Central District of California, Affiliate

Sean P. Whalen, Chapter 7, Case No. 2:14-bk-31007-RN, filed 11/4/2014, closed 11/10/2015, Central District of California, Insider

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

N/A

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Whalen Medical Corporation DBA Flexogenix, Inc., Chapter 11, Case No. 2:19-bk-12928-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix North Carolina, PC, Chapter 11, Case No. 2:19-bk-12929-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix Georgia, PC, Chapter 11, Case No. 2:19-bk-12930-BR, filed 3/18/2019, Central District of California, Affiliate

Flexogenix Oklahoma, PC, Chapter 11, Case No. 2:19-bk-12931-BR, filed 3/18/2019, Central District of California, Affiliate

Sean P. Whalen, Chapter 7, Case No. 2:14-bk-31007-RN, filed 11/4/2014, closed 11/10/2015, Central District of California, Insider

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

N/A

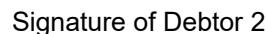
I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Encino, California.

Date: June 6, 2019


Iris Whalen

Signature of Debtor 1


Signature of Debtor 2

Fill in this information to identify the case:

Debtor name	Flexogenix Group, Inc.
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION
Case number (if known):	2:19-bk-12927

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO BOX 981535 El Paso, TX 79998-1535		Credit Card				\$666,495.19
American Express PO BOX 981535 El Paso, TX 79998-1535		Credit Card				\$119,198.41
American Express PO BOX 981535 El Paso, TX 79998-1535		Iris Whalen credit card used for company expenses				\$111,574.24
Bioventus P.O. Box 732823 Dallas, TX 75373-2823		Supplies				\$803,700.00
Complete Business Solutions Group, 22 N. 3rd Street Philadelphia, PA 19106		All Assets	Unliquidated Disputed	\$1,125,574.00	\$0.00	\$1,125,574.00
Complete Business Solutions Group, 22 N. 3rd Street Philadelphia, PA 19106		All Assets	Unliquidated Disputed	\$1,076,500.00	\$0.00	\$1,076,500.00
Complete Business Solutions Group, 22 N. 3rd Street Philadelphia, PA 19106		All Assets	Unliquidated Disputed	\$583,700.00	\$0.00	\$583,700.00
Complete Business Solutions Group, 22 N. 3rd Street Philadelphia, PA 19106		All Assets	Unliquidated Disputed	\$578,727.20	\$0.00	\$578,727.20

Debtor Flexogenix Group, Inc.
Name

Case number (if known) 2:19-bk-12927

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Complete Business Solutions Group, 22 N. 3rd Street Philadelphia, PA 19106		All Assets	Unliquidated Disputed	\$563,589.94	\$0.00	\$563,589.94
Fidia PO Box 10341 Uniondale, NY 11555-5351		Supplies				\$891,150.00
Franklin Funding Group, LLC 1425 37th St., #557 Brooklyn, NY 11218		All accounts receivables, receipts, instruments, contract rights, and other rights to receive payment of money, patents, chattel paper	Unliquidated Disputed	\$577,585.00	\$0.00	\$577,585.00
Franklin Funding Group, LLC 1425 37th St., #557 Brooklyn, NY 11218		All accounts receivables, receipts, instruments, contract rights, and other rights to receive payment of money, patents, chattel paper	Unliquidated Disputed	\$423,695.00	\$0.00	\$423,695.00
Genzyme Corporation 62665 Collections Center Drive Chicago, IL 60693-0626		Supplies				\$263,553.00
In Advance Capital, LLC 1233 48th Street Brooklyn, NY 11219		All assets	Unliquidated Disputed	\$183,359.00	\$0.00	\$183,359.00
Influx Capital LLC 32 Court Street, Suite 205 Brooklyn, NY 11201		All assets	Unliquidated Disputed	\$335,548.00	\$0.00	\$335,548.00
Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346		Taxes				\$953,010.25
J&J Healthcare Systems, Inc 5972 Collections Center Dr Chicago, IL 60693		Supplies				\$224,634.84

Debtor Flexogenix Group, Inc.
Name

Case number (if known) 2:19-bk-12927

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ossur Americas Inc. PO BOX 842265 Boston, MA 02284-2265		Supplies				\$204,974.38
Sensis, Inc. 818 S. Broadway, Suite 1100 Los Angeles, CA 90014		Marketing services	Disputed			\$146,494.00
Yes Capital Group, LLC 1233 48th Street Brooklyn, NY 11219		All assets	Unliquidated Disputed	\$183,359.00	\$0.00	\$183,359.00

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an
amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>2,135,639.27</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>2,135,639.27</u>

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 6,605,243.14

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>1,427,368.27</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>5,042,299.03</u>

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 13,074,910.44

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Bank of America</u>	<u>Checking</u>	<u>9043</u>
			<u>\$1,450.97</u>
3.2.	<u>Bank of America</u>	<u>Checking</u>	<u>9027</u>
			<u>\$0.00</u>
3.3.	<u>EverTrust</u>	<u>Checking</u>	<u>5448</u>
			<u>\$80.00</u>
4.	Other cash equivalents (Identify all)		
5.	Total of Part 1.		<u>\$1,530.97</u>
	Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.		

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Debtor	<u>Flexogenix Group, Inc.</u> Name	Case number (<i>If known</i>) <u>2:19-bk-12927</u>
7.1.	Security Deposit held by Bainbridge NC Management, LLC for lease of apartment located at 2599 Evans Road, #119, Morrisville, NC 27560	\$250.00
7.2.	Security Deposit held by CN Chisholm Creek, LP for lease of apartment located at 13600 N. Blackwelder Ave., #449, Oklahoma City, OK 73134	\$300.00
7.3.	Security Deposit held by George Place for lease of apartment located at 4706 Mt. Royal Lane, Charlotte, NC 28210	\$1,825.00
7.4.	Security Deposit held by US MF Collection, LLC for lease of apartment located at 4600 Roswell Road, #507, Sandy Springs, GA 30342	\$2,365.00
7.5.	Security Deposit held by Maple One Partners, LLC for lease of commercial space located at 1414 Yanceyville Street, Suite 200, Greensboro, NC 27405	\$10,995.00
7.6.	Security Deposit held by Tower Lakes, LLC for lease of commercial space located at 9300 N. Kelley Avenue, Oklahoma City, OK 73131	\$20,535.07
7.7.	Security Deposit held by Sandy Springs Gateway Owner, LLC for commercial space located at 4600 Roswell Road, Unit E210, Atlanta, GA 30342	\$90,019.14
7.8.	Security Deposit held by Packard Commercial, LLC for commercial space located at 1000 S. Hope Street, Suite 101, Los Angeles, CA 90015	\$34,593.00
7.9.	Security Deposit held by Packard Commercial, LLC for lease of commercial space located at 1000 S. Hope Street, Suite 103, Los Angeles, CA 90015	\$5,850.00
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment	
9.	Total of Part 2. Add lines 7 through 8. Copy the total to line 81.	\$166,732.21

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

Debtor Flexogenix Group, Inc.
Name

Case number (*If known*) 2:19-bk-12927

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

See attached Inventory list

	\$0.00	Cost	\$402,232.09
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23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$402,232.09

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

<input type="checkbox"/> No	0.00	Valuation method	Cost	Current Value	320,000.00
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26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

See attached Office Furniture List

	\$0.00	Cost	\$17,750.00
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40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

See attached Office Equipment/Computers list

	\$0.00	Cost	\$86,340.00
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Debtor Flexogenix Group, Inc.
Name

Case number (*If known*) 2:19-bk-12927

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$104,090.00
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. 2019 Maserati Levante Approx. 1,000 miles Vehicle is leased and fully encumbered by lessor	<u>\$0.00</u>	<u>\$0.00</u>
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47.2. 2018 Mercedes C300 Approx. 6,000 miles Vehicle is leased and fully encumbered by lessor	<u>\$0.00</u>	<u>\$0.00</u>
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47.3. 2019 Kia Sorrento Approx. 5,000 miles Vehicle is leased and fully encumbered by lessor	<u>\$0.00</u>	<u>\$0.00</u>
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48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

See attached Other Equipment list	<u>\$0.00</u>	<u>Cost</u>	<u>\$961,054.00</u>
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51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.	<u><u>\$961,054.00</u></u>
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Debtor Flexogenix Group, Inc. Case number (*If known*) 2:19-bk-12927

Name

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Lease of Commercial space located at 6836 Morrison Blvd., Suite 101, Charlotte, NC 28211	Lease of property	\$0.00		\$0.00
55.2. Lease of Commercial space located at 1414 Yanceyville Street, Ste. 200, Greensboro, NC 27405	lease of property	\$0.00		\$0.00
55.3. Lease of Commercial space located at 9300 N. Kelley Ave., Oklahoma City, OK 73131	lease of property	\$0.00		\$0.00
55.4. Lease of Commercial space located at 4600 Roswell Rd., Unit E210, Atlanta, GA 30342	lease of property	\$0.00		\$0.00
55.5. Lease of Commercial space located at 1000 S. Hope Street, Suite 101, Los Angeles, CA 90015	lease of property	\$0.00		\$0.00

Debtor Flexogenix Group, Inc. _____ Case number (*If known*) 2:19-bk-12927 _____
Name _____

55.6. Lease of Commercial space located at 1000 S. Hope Street, Suite 103, Los Angeles, CA 90015	lease of property	\$0.00	\$0.00
55.7. Lease of Commercial space located at 400 Ashville Ave., Ste. 330, Cary, NC 27518	lease of property	\$0.00	\$0.00
55.8. Lease of Apartment located at 2599 Evans Road, #119, Morrisville, NC 27560	lease of property	\$0.00	\$0.00
55.9. Lease of Apartment located at 13600 N. Blackwelder Ave. #449, Oklahoma City, OK 73134	lease of property	\$0.00	\$0.00
55.10 Lease of Apartment located at 4706 Mt. Royal Lane, Charlotte, NC 28210	lease of property	\$0.00	\$0.00

56. **Total of Part 9.** _____ **\$0.00** _____
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No
 Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Registered Service mark: VISCARE-FLEX Reg. No. 5,227,621 Registered June 20, 2017	\$0.00		\$0.00

Debtor	<u>Flexogenix Group, Inc.</u> Name	Case number (<i>If known</i>)	<u>2:19-bk-12927</u>
	Registered Service mark: KINETI-FLEX Reg. No. 5,227,620 Registered June 20, 2017	\$0.00	\$0.00
	Registered Trademark/Service mark: FLEXOGENIX Reg. No. 4,996,388 Registered July 12, 2016	\$0.00	\$0.00
	Registered Service mark: NON-SURGICAL SOLUTIONS FOR AN ACTIVE LIFESTYLE Reg. No. 4,981,880 Registered June 21, 2016	\$0.00	\$0.00
	Registered Trademark: Flexogenix Stylized with color and orange cross on the right side Trademark has been published for opposition, awaiting notice of allowance	\$0.00	\$0.00
61.	Internet domain names and websites <u>Website domain name - www.flexogenix.com</u>	\$0.00	\$0.00
62.	Licenses, franchises, and royalties <u>Seller's Permit issued by California State</u> <u>Board of Equalization</u>	\$0.00	\$0.00
	Sales & Use Tax Registration issued by North Carolina Department of Revenue	\$0.00	\$0.00
	Oklahoma Vendor Use Tax Permit issued by Oklahoma Tax Commission	\$0.00	\$0.00
	Sales & Use Tax issued by Georgia Tax Center	\$0.00	\$0.00
	Corporation Registration issued by State of California Secretary of State	\$0.00	\$0.00
	Business Tax Registration issued by City of Los Angeles	\$0.00	\$0.00
63.	Customer lists, mailing lists, or other compilations		
64.	Other intangibles, or intellectual property		
65.	Goodwill		
66.	Total of Part 10.		\$0.00

Add lines 60 through 65. Copy the total to line 89.

Debtor Flexogenix Group, Inc.
Name

Case number (*If known*) 2:19-bk-12927

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
 No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
 No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
 No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities <u>The Hartford - Workers' Compensation</u>	<u>\$0.00</u>
	<u>Travelers Casualty Insurance Co. - Commercial Auto Insurance Policy</u>	<u>\$0.00</u>
	<u>Travelers - Employment Practices Liability</u>	<u>\$0.00</u>
	<u>Nationwide - Business and Management Indemnity</u>	<u>\$0.00</u>
	<u>Starr Indemnity & Liability Company - Commercial General Liability</u>	<u>\$0.00</u>
	<u>Travelers - Commercial Liability</u>	<u>\$0.00</u>
	<u>The Travelers Indemnity Co. - Renters Insurance - North Carolina</u>	<u>\$0.00</u>
	<u>Assurant - Renters Insurance - Oklahoma City</u>	<u>\$0.00</u>

Debtor Flexogenix Group, Inc.
Name

Case number (*If known*) 2:19-bk-12927

Assurant - Renters Insurance - Georgia \$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Potential claim against Ren Scott Creative for misuse of funds in connection with advertising contracts \$500,000.00

Nature of claim _____
Amount requested \$0.00

Potential claims against former employees for theft of intellectual property and trade secrets Unknown

Nature of claim _____
Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Premiere Season tickets - Staples Center \$0.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$500,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor Flexogenix Group, Inc.
Name

Case number (*if known*) 2:19-bk-12927

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,530.97</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$166,732.21</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$402,232.09</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$104,090.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$961,054.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$500,000.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,135,639.27</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,135,639.27</u>

Flexogenix Group, Inc.

Inventory		
Inventory Type	Location	Value
Injectables	Atlanta, GA Clinic	\$ 19,374.92
Marketing Materials	Atlanta, GA Clinic	\$ 1,145.76
Medical Procedure Kit	Atlanta, GA Clinic	\$ 925.00
Medical Supply	Atlanta, GA Clinic	\$ 4,152.31
Durable Medical Equipment	Atlanta, GA Clinic	\$ 856.41
Durable Medical Equipment - Consignment	Atlanta, GA Clinic	\$ 18,781.66
Injectables	Cary, NC Clinic	\$ 82,065.29
Marketing Materials	Cary, NC Clinic	\$ 2,817.28
Medical Procedure Kit	Cary, NC Clinic	\$ 1,810.00
Medical Supply	Cary, NC Clinic	\$ 5,452.17
Durable Medical Equipment	Cary, NC Clinic	\$ 3,275.99
Durable Medical Equipment - Consignment	Cary, NC Clinic	\$ 11,200.69
Injectables	Charlotte, NC Clinic	\$ 12,752.59
Marketing Materials	Charlotte, NC Clinic	\$ 3,124.80
Medical Procedure Kit	Charlotte, NC Clinic	\$ 3,320.00
Medical Supply	Charlotte, NC Clinic	\$ 4,877.62
Durable Medical Equipment	Charlotte, NC Clinic	\$ 2,563.10
Durable Medical Equipment - Consignment	Charlotte, NC Clinic	\$ 21,301.40
Injectables	Greensboro, NC Clinic	\$ 64,932.74
Marketing Materials	Greensboro, NC Clinic	\$ 2,018.72
Medical Procedure Kit	Greensboro, NC Clinic	\$ 1,560.00
Medical Supply	Greensboro, NC Clinic	\$ 4,350.87
Durable Medical Equipment	Greensboro, NC Clinic	\$ 733.41
Durable Medical Equipment - Consignment	Greensboro, NC Clinic	\$ 18,065.34
Injectables	Oklahoma City, OK Clinic	\$ 35,863.74
Marketing Materials	Oklahoma City, OK Clinic	\$ 1,001.92
Medical Procedure Kit	Oklahoma City, OK Clinic	\$ 925.00
Medical Supply	Oklahoma City, OK Clinic	\$ 3,469.22
Durable Medical Equipment	Oklahoma City, OK Clinic	\$ 622.81
Durable Medical Equipment - Consignment	Oklahoma City, OK Clinic	\$ 16,023.17
Injectables	Los Angeles, CA Clinic	\$ 35,918.84
Marketing Materials	Los Angeles, CA Clinic	\$ 1,185.44
Medical Procedure Kit	Los Angeles, CA Clinic	\$ 1,440.00
Medical Supply	Los Angeles, CA Clinic	\$ 3,232.92
Durable Medical Equipment	Los Angeles, CA Clinic	\$ 3,106.38
Durable Medical Equipment - Consignment	Los Angeles, CA Clinic	\$ 7,984.58
Inventory Total		\$ 402,232.09

Flexogenix Group, Inc.

Office Furniture

Equipment Type	Description	Notes	Location	L/O	LEASEHOLDER	VALUE
Furniture	Black Leather Chairs	Quantity: 16	Cary, NC Clinic	O		\$ 250.00
Furniture	Black Leather Chairs	Quantity: 16	Charlotte, NC Clinic	O		\$ 250.00
Furniture	Black Leather Sofas	Quantity: 10	Cary, NC Clinic	O		\$ 350.00
Furniture	Black Leather Sofas	Quantity: 10	Charlotte, NC Clinic	O		\$ 350.00
Furniture	Chairs	Quantity: 14	Cary, NC Office	O		\$ 1,400.00
Furniture	Conference Table	Quantity: 1	Los Angeles, CA Clinic	O		\$ 800.00
Furniture	Conference Table	Quantity: 1	Cary, NC Clinic	O		\$ 800.00
Furniture	Conference Table	Quantity: 1	Charlotte, NC Clinic	O		\$ 800.00
Furniture	Conference Table	Quantity: 1	Atlanta, GA Clinic	O		\$ 800.00
Furniture	Conference Table	Quantity: 1	Oklahoma City, OK Clinic	O		\$ 800.00
Furniture	Couches	Quantity: 6	Greensboro, NC Clinic	O		\$ 350.00
Furniture	Desks	Quantity: 6	Los Angeles, CA Office	O		\$ 800.00
Furniture	Desks		Los Angeles, CA Clinic	O		\$ 600.00
Furniture	Desks	Quantity: 9	Cary, NC Clinic	O		\$ 1,000.00
Furniture	Desks	Quantity: 11	Cary, NC Office	O		\$ 1,500.00
Furniture	Desks	Quantity: 7	Charlotte, NC Clinic	O		\$ 900.00
Furniture	Desks	Quantity: 8	Greensboro, NC Clinic	O		\$ 1,000.00
Furniture	Desks	Quantity: 5	Atlanta, GA Clinic	O		\$ 750.00
Furniture	Desks	Quantity: 5	Oklahoma City, OK Clinic	O		\$ 1,250.00
Furniture	Large File cabinet #1		Los Angeles, CA Clinic	O		\$ 200.00
Furniture	Large File cabinet #2		Los Angeles, CA Clinic	O		\$ 200.00
Furniture	Lobby chairs	Quantity: 25	Los Angeles, CA Clinic	O		\$ 250.00
Furniture	Lobby chairs	Quantity: 22	Greensboro, NC Clinic	O		\$ 250.00
Furniture	Lobby chairs	Quantity: 39	Atlanta, GA Clinic	O		\$ 250.00
Furniture	Lobby chairs	Quantity: 25	Oklahoma City, OK Clinic	O		\$ 250.00
Furniture	Love Seats	Quantity: 2	Los Angeles, CA Clinic	O		\$ 300.00
Furniture	Love Seats	Quantity: 2	Oklahoma City, OK Clinic	O		\$ 350.00
Furniture	Rolling desk chairs	Quantity: 18	Los Angeles, CA Office	O		\$ 100.00
Furniture	Rolling desk chairs	Quantity: 13	Los Angeles, CA Clinic	O		\$ 100.00
Furniture	Rolling desk chairs	Quantity: 29	Greensboro, NC Clinic	O		\$ 100.00
Furniture	Rolling desk chairs	Quantity: 25	Atlanta, GA Clinic	O		\$ 100.00
Furniture	Rolling desk chairs	Quantity: 13	Oklahoma City, OK Clinic	O		\$ 100.00
Furniture	Short 2 drawer file cabinet		Los Angeles, CA Clinic	O		\$ 150.00
Furniture	Sofas	Quantity: 6	Atlanta, GA Clinic	O		\$ 300.00
Office Furniture Total						\$ 17,750.00

Flexogenix Group, Inc.

Office Equipment/Computers

Equipment Type	Description	Notes	Location	L/O	LEASEHOLDER	VALUE	
Accessories	Wireless Mice	Quantity: 8		Atlanta, GA Clinic	O	\$ 15.00	
Desktop	ASUS	HQ27FB2		Cary, NC Clinic	O	\$ 400.00	
Desktop	Asus M11AD	SN: DAPDCG001KYH		Los Angeles, CA Office	O	\$ 550.00	
Desktop	DELL	F118342		Cary, NC Clinic	O	\$ 450.00	
Desktop	DELL	HQYCFB2		Cary, NC Clinic	O	\$ 600.00	
Desktop	Dell Inspiron 3650 w/Dell monitor	ST#: FDSPPD2		Los Angeles, CA Office	O	\$ 500.00	
Desktop	Dell Inspiron 3847 w/Acer monitor	ST#: 7QLXP52		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell Inspiron 3847 w/Dell monitor	ST#: 7JWSZ72		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell Inspiron 3847 w/Dell monitor	ST#: BZWYY72		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell Inspiron 3847 w/Dell monitor	ST#: BYZ6V62		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell Inspiron 3847 w/Dell monitor	Service Tag # 6X3ZB62	Dell Monitor Service tag #83zb352	Los Angeles, CA Clinic	O	\$ 500.00	
Desktop	Dell Inspiron 3847 w/HP monitor	ST#: B5F3C62		Los Angeles, CA Office	O	\$ 500.00	
Desktop	Dell Inspiron 3847 w/LG monitor	ST#: 7JXYY72		Los Angeles, CA Office	O	\$ 500.00	
Desktop	Dell Optiflex 3040	Service tag #4DBG8C2		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQZ8FBZ		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQYCFB2		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQZ7FB2		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQZ9FB2		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQY8FB2		Cary, NC Office	O	\$ 600.00	
Desktop	Dell Optiflex 3040	Service tag #HQY9FB2		Cary, NC Office	O	\$ 600.00	
Desktop	DELL Optiplex 3040 Micro Form Factor BTX Item # 210-AFWE	2Q01DD2		Cary, NC Clinic	O	\$ 600.00	
Desktop	Dell Optiplex 3040 Micro w/ Dell monitor	ST# HQZ6FB2		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell Optiplex 3040 Micro w/ Dell monitor	HQYFB2		Los Angeles, CA Office	O	\$ 650.00	
Desktop	Dell OptiPlex 3040 w/ Dell monitor	Service Tag #HQYDFB2	Dell 22 Monitor s/n CN-0XF9MR-72872-61G-A5MS-A00	Los Angeles, CA Clinic	O	\$ 600.00	
Desktop	HP 18 All in One	4CE50307BL		Charlotte, NC Clinic	O	\$ 600.00	
Desktop	HP 18 All in One	4CE503074T		Charlotte, NC Clinic	O	\$ 600.00	
Desktop	HP 18 All in One	4CE503075C		Charlotte, NC Clinic	O	\$ 600.00	
Desktop	HP 18 All in One	4CE503074R		Charlotte, NC Clinic	O	\$ 600.00	
Desktop	HP All in one	5CM4200PHS		Cary, NC Clinic	O	\$ 550.00	
Desktop	HP Pavilion 23	5CM4200V4		Cary, NC Clinic	O	\$ 500.00	
Desktop	HP Pavilion 23	5CM4200CM7		Cary, NC Clinic	O	\$ 500.00	
Desktop	HP Pavilion 23	5CM44802SC		Cary, NC Clinic	O	\$ 450.00	
Desktop	HP Pavilion 23	5CM4340LQJ		Cary, NC Office	O	\$ 500.00	
Desktop	HP Pavilion 550-a114 w/Dell monitor	SN: 4C161407TT		Los Angeles, CA Office	O	\$ 500.00	
Desktop	HP Prodesk 400 G1 DM	SN: 2UA5341J5N		Los Angeles, CA Office	O	\$ 450.00	
Desktop	HP Prodesk 400 G1 DM w/ Dell monitor	SN: 2UA5341J5M		Los Angeles, CA Office	O	\$ 700.00	
Desktop	HP Prodesk 400 G1 DM w/HP monitor	SN: 2UA5341J5V	HP W2082A S/N CNC522P465	Los Angeles, CA Clinic	O	\$ 650.00	
Desktop	HP Prodesk 400 G1 DM w/HP monitor	SN: 2UA5341J5S	Monitor: HP W2082A - S/n: cnc522P463	Los Angeles, CA Clinic	O	\$ 650.00	
Desktop	HP Prodesk 400 G1 DM w/HP monitor	SN: 2UA5341J5T	Monitor: HP W2082A - S/n: cnc522P45X	Los Angeles, CA Clinic	O	\$ 650.00	
Desktop	HP Prodesk 400 G1 DM w/HP monitor	SN: 2UA5341J5N	Monitor: HPW2082a S/N: CNC522P464	Los Angeles, CA Clinic	O	\$ 650.00	
Desktop	HP Prodesk 400 G3	Service tag #D3X8D12		Cary, NC Office	L	HP Financial	\$ -
Desktop	HP Prodesk 400 G3 MINI	CNK81701KQ		Charlotte, NC Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk 400 G3 MINI	CNK81701KJ		Charlotte, NC Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk 400 G3 MINI	CNK81700CP		Charlotte, NC Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk 400 G3 MINI w/HP monitor	SN: 8CG825CLY2	Monitor: HP P223 S/N: CNK81701N3	Los Angeles, CA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk 400G3	8CG825CLXS		Cary, NC Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk 400G3	8CG825CLZ6		Cary, NC Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN# CNK7190K1X		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN# 8CG7220WN		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN# 8CG722429K		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN# 8TGC7220WX		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN# 8CG7221C9J		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	HP Prodesk Desktop	SN#8CG7220ZDG		Atlanta, GA Clinic	L	HP Financial	\$ -
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2PY3D2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2Q16DD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2QCZD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2Q85DD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2092DD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2QB1DD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Desktop	Optiplex 3040 Micro Form Factor	Service Tag # 2065DD2	BTX Item # 210-AFWE	Greensboro, NC Clinic	O		\$ 600.00
Docking Station	Dell Docking Station	Model K17		Cary, NC Office	O		\$ 160.00
Electronics	Anvision 5-Port Ethernet Switch with 4 PoE Ports			Los Angeles, CA Clinic	O		\$ 40.00
Electronics	Anvision 5-Port Ethernet Switch with 4 PoE Ports			Cary, NC Clinic	O		\$ 40.00
Electronics	Anvision 5-Port Ethernet Switch with 4 PoE Ports			Cary, NC Clinic	O		\$ 40.00
Electronics	BV-Tech 9 Port PoE Switch (8 PoE Ports 1 Uplink Port)			Cary, NC Clinic	O		\$ 60.00

Office Equipment/Computers							
Equipment Type	Description	Notes	Location	L/O	LEASEHOLDER	VALUE	
Electronics	Netgear Switch		Los Angeles, CA Office	O		\$ 125.00	
IPAD	IPAD 4th Generation	DMPQD4X565VJ	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	F6QQ50FBF185	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	DMPPD0K6FK14	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	F6QMP06KF185	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	DMTPC4GTFK14	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	DMPPD5MYFK14	Cary, NC Clinic	O		\$ 400.00	
IPAD	IPAD 4th Generation	F6QMMOUEF185	Cary, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	DMPOD4X565VJ	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	F6QQ50FBF185	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	DMPPD0K6FK14	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	F6QMP06KF185	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	DMTPC4GTFK14	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	DMPPD5MYFK14	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad 4th Generation	F6QMMOUEF185	Charlotte, NC Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray		Los Angeles, CA Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray		Los Angeles, CA Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray		Los Angeles, CA Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray		Los Angeles, CA Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	DMPS7NC1G5VJ	Greensboro, NC Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	DMPS6TLWGSVJ	Greensboro, NC Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	DMPQFDUCG5VJ	Greensboro, NC Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	DMPOD5C2GSVJ	Greensboro, NC Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	S/N: DMRN4126FK10	Oklahoma City, OK Clinic	O		\$ 400.00	
iPad	iPad Air 2 wi-fi 16 GB Space Gray	S/N: DLXMXYUHFK10	Oklahoma City, OK Clinic	O		\$ 400.00	
IPAD	IPAD Air- Model: A1474	DVGLW3WZFK10	Cary, NC Clinic	O		\$ 400.00	
iPad	Ipad Model A1822	SN# F9HTNDKAHLF9	Atlanta, GA Clinic	O		\$ 400.00	
iPad	Ipad Model A1822	SN# F9GTNWSTHLF9	Atlanta, GA Clinic	O		\$ 400.00	
iPad	Ipad Model A1822	SN# F9HTNNRQHLF9	Atlanta, GA Clinic	O		\$ 400.00	
iPad	Ipad Model A1822	SN# F9HTNNVTHLF9	Atlanta, GA Clinic	O		\$ 400.00	
iPad	Ipad Model A1822	SN# F9HTNHGFHLF9	Atlanta, GA Clinic	O		\$ 400.00	
iPad	iPad Pro 9.7 inch wi-fi 32 GB Gold		Los Angeles, CA Clinic	O		\$ 400.00	
iPad	iPad Pro 9.7 inch wi-fi 32 GB Gold	DMPRHJ41H1MD	Greensboro, NC Clinic	O		\$ 400.00	
Laptop	Acer ES1-511-C59V	Serial # NXMMMLAA00142903EB53400	Greensboro, NC Clinic	O		\$ 400.00	
Laptop	ASUS	no service tag	Cary, NC Clinic	O		\$ 450.00	
Laptop	ASUS X502C	CHECK # 7254	Los Angeles, CA Clinic	O		\$ 450.00	
Laptop	Dell Inspiron 15	Service Tag #: H4MH782	Los Angeles, CA Clinic	O		\$ 500.00	
Laptop	DELL Inspiron 15	F62JC82	Cary, NC Clinic	O		\$ 500.00	
Laptop	DELL Inspiron 2	H7GTC82	Cary, NC Clinic	O		\$ 450.00	
Laptop	Dell Inspiron15	Service Tag # 37H3C82	Los Angeles, CA Clinic	O		\$ 500.00	
Laptop	Dell Laptop	7HMSC82	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Laptop	C3MSC82	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Laptop	CHMSC82	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Laptop Inspiron 15 3000 series	7F8NC82	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Laptop Inspiron 15 3000 series	65YX982	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Laptop Inspiron 15 3000 series	FJKTC82	Charlotte, NC Clinic	O		\$ 600.00	
Laptop	Dell Latitude 3560	Service Tag # 4JMSC82	Los Angeles, CA Clinic	O		\$ 600.00	
Laptop	Dell Latitude 3560	GHMSC82	Cary, NC Clinic	O		\$ 600.00	
Laptop	DELL Latitude 3560	DHMSC82	Cary, NC Clinic	O		\$ 600.00	
Laptop	Dell Latitude 3560	Service Tag # BHMSC82	Greensboro, NC Clinic	O		\$ 650.00	
Laptop	Dell Latitude 3570	7PR8WB2	Cary, NC Clinic	O		\$ 750.00	
Laptop	Dell Latitude 3570	Service Tag # 1XR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 8QR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 9QR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # HNR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # FPR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 26R8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 7PR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 7WR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # B1W8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # CNR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # HQR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3570	Service Tag # 8PR8WB2	BTX Item #210-AEXH	Greensboro, NC Clinic	O	\$ 650.00	
Laptop	Dell Latitude 3560	Service Tag # 8HMSC82	Extra Monitor HP W2082A	Cary, NC Office	O	\$ 600.00	
Laptop	Dell Latitude 3560	Service tag #JHMSC82		Cary, NC Office	O	\$ 600.00	
Laptop	HP	SN# 5CD723B70B		Cary, NC Clinic	L	HP Financial	\$ -
Laptop	HP 15 I305DX Notebook	5cd5301QBR		Charlotte, NC Clinic	O		\$ 550.00
Laptop	HP 15 I305DX Notebook	5CD5301Q8Q		Charlotte, NC Clinic	O		\$ 550.00
Laptop	HP 15 I305DX Notebook	5CD5301Q8T		Charlotte, NC Clinic	O		\$ 550.00
Laptop	HP 15-ac121dx	Serial # CND5372WN		Greensboro, NC Clinic	O		\$ 650.00
Laptop	HP 355G2	SN: 5CG51255L3		Los Angeles, CA Clinic	O		\$ 500.00
Laptop	HP Envy Laptop	SN# 8CG7103RXR		Atlanta, GA Clinic	O		\$ 900.00
Laptop	HP Probook	SN# 5CD723B707		Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD723B708		Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD723B70D	ATL INJ 01	Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD723B70C	ATL KF 02	Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD723B70F	ATL RPA	Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD7292BFY		Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook	SN# 5CD723B70G		Atlanta, GA Clinic	L	HP Financial	\$ -
Laptop	HP Probook 440 G4	5CD723B70H		Charlotte, NC Clinic	L	HP Financial	\$ -
Laptop	HP Probook 450 G5			Los Angeles, CA Office	L	HP Financial	\$ -

Office Equipment/Computers

Flexogenix Group, Inc.

Other Equipment

Equipment Type	Description	Notes	Location	L/O	LEASEHOLDER	VALUE	
Equipment	Small Black Fridge 2.6 cu ft	Insignia	Charlotte, NC Clinic	O		\$ 150.00	
Equipment	Apple TV	Apple TV 32GB - Black	Model: MR912LL/A SKU: 5901531	Atlanta, GA Clinic	O	\$ 150.00	
Equipment	Audio system		Los Angeles, CA Clinic	O		\$ 14,000.00	
Equipment	Audio System		Greensboro, NC Clinic	O		\$ 14,000.00	
Equipment	Audio System		Atlanta, GA Clinic	O		\$ 14,000.00	
Equipment	Audio System		Oklahoma City, OK Clinic	O		\$ 14,000.00	
Equipment	Bariatric Mat Table	Quantity: 1	Cary, NC Clinic	O		\$ 1,000.00	
Equipment	Bariatric Mat Table	Quantity: 1	Charlotte, NC Clinic	O		\$ 1,000.00	
Equipment	Biomet Centrifuge -Lab		Los Angeles, CA Clinic				
Equipment	Blood Draw chair		Los Angeles, CA Clinic	O		\$ 500.00	
Equipment	Blood Draw chair		Oklahoma City, OK Clinic	O		\$ 500.00	
Equipment	Blood Pressure Machine	SN# M00068414	Model #247B - Power Supply #GTM21089-1509-T3	Atlanta, GA Clinic	O	\$ 380.00	
Equipment	Blood Pressure Machine	SN# 247B	Model # M00060953	Atlanta, GA Clinic	O	\$ 380.00	
Equipment	Cardon Rehab - Speed Pulley		Cary, NC Clinic	O		\$ 600.00	
Equipment	Cardon Rehab - Speed Pulley		Charlotte, NC Clinic	O		\$ 600.00	
Equipment	Coffee Machine	SN# L1017231	Atlanta, GA Clinic	O		\$ 550.00	
Equipment	Cybex Leg Press		Los Angeles, CA Clinic	O		\$ 3,000.00	
Equipment	Cybex Prestige - Leg Press		Cary, NC Clinic	O		\$ 3,000.00	
Equipment	Cybex Prestige - Leg Press		Charlotte, NC Clinic	O		\$ 3,000.00	
Equipment	Doctor Stools	Quantity: 4	Atlanta, GA Clinic	O		\$ 50.00	
Equipment	Dryer	SN# 602KWPY5U536	Model #DLEC855W	Atlanta, GA Clinic	O	\$ 1,000.00	
Equipment	Dumbbells, Weight Balls, Ankle Weights - Various weights	Quantity: 39	Cary, NC Clinic	O		\$ 700.00	
Equipment	Dumbbells, Weight Balls, Ankle Weights - Various weights	Quantity: 39	Charlotte, NC Clinic	O		\$ 700.00	
Equipment	Freemotion cable column	S/N: HH22028300023		Los Angeles, CA Clinic	O	\$ 600.00	
Equipment	Freezer	SN# 1703010565	Model # HMCF35W2	Atlanta, GA Clinic	O	\$ 100.00	
Equipment	Freezer	S/N: RL954465	Oklahoma City, OK Clinic	O		\$ 200.00	
Equipment	Hill Adjustable Chair	160440	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	141248	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	150333	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	140748	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	HA-110818	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	141247	Cary, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	160439 (From Torrance)		Charlotte, NC Clinic	O	\$ 3,500.00	
Equipment	Hill Adjustable Chair	151436		Charlotte, NC Clinic	O	\$ 3,500.00	
Equipment	Hill Adjustable Chair	150331	Charlotte, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	150332	Charlotte, NC Clinic	O		\$ 3,500.00	
Equipment	Hill Adjustable Chair	170926	Charlotte, NC Clinic	O		\$ 3,500.00	
Equipment	Hill lab chairs	Quantity: 3	Los Angeles, CA Clinic	O		\$ 3,500.00	
Equipment	Hill lab chairs	Quantity: 3	Greensboro, NC Clinic	O		\$ 3,500.00	
Equipment	Hill lab chairs	SN# 170998	Quantity: 2	Atlanta, GA Clinic	O	\$ 3,500.00	
Equipment	Hill lab chairs	Quantity: 3	Oklahoma City, OK Clinic	O		\$ 3,500.00	
Equipment	Laminator	SN# W17020517	Model # CL_923	Atlanta, GA Clinic	O	\$ 50.00	
Equipment	Large Haussmann Crank Mat			Los Angeles, CA Clinic	O	\$ 1,000.00	
Equipment	Leg Press	12040-329A/Cybex 12040-352B		Atlanta, GA Clinic	O	\$ 3,000.00	
Equipment	LG Dryer 4.2 cu ft White Stackable Electric Dryer	DLEC855W		Cary, NC Clinic	O	\$ 800.00	
Equipment	LG Dryer 4.2 cu ft White Stackable Electric Dryer	DLEC855W		Charlotte, NC Clinic	O	\$ 800.00	
Equipment	LG Television		Cary, NC Clinic	O		\$ 400.00	
Equipment	LG Television		Cary, NC Clinic	O		\$ 400.00	
Equipment	LG Television		Charlotte, NC Clinic	O		\$ 500.00	
Equipment	LG Television		Charlotte, NC Clinic	O		\$ 500.00	
Equipment	LG Ventless dryer		Los Angeles, CA Clinic	O		\$ 1,000.00	
Equipment	LG washer		Los Angeles, CA Clinic	O		\$ 1,000.00	
Equipment	LG Washer 2.3 Cu ft White Stackable- Front Load	WM1377HW		Cary, NC Clinic	O	\$ 800.00	
Equipment	LG Washer 2.3 Cu ft White Stackable- Front Load	WM1377HW		Charlotte, NC Clinic	O	\$ 800.00	
Equipment	Lumify - Ultrasound Machine	S/N: R52K10SZTQN	Model: SM-T813	Oklahoma City, OK Clinic	L	Philips	\$ -
Equipment	Microwave	Sunbeam		Los Angeles, CA Office	O		\$ 100.00
Equipment	Microwave		Atlanta, GA Clinic	O		\$ 100.00	
Equipment	Microwave		Oklahoma City, OK Clinic	O		\$ 100.00	
Equipment	Mini C-Arm - Hologic	19-1114-16	SN: DTO47060398	Los Angeles, CA Clinic	O		\$ 63,000.00
Equipment	Mini C-Arm - Hologic	09-0613-03	SN: DTCN11E0106	Los Angeles, CA Clinic	O		\$ 63,000.00
Equipment	Mini C-Arm - Hologic	09-0613-02	SN: DTCN11E0102	Los Angeles, CA Clinic	O		\$ 63,000.00
Equipment	Mini C-Arm - Hologic	19-0116-13		Greensboro, NC Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	19-0316-05		Greensboro, NC Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	19-0316-04		Greensboro, NC Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	Model # INSIGHT2	SN# 19-0117-05M	Atlanta, GA Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	Model # INSIGHT2	SN# 19-0117-07M	Atlanta, GA Clinic	L	Hologic Capital	\$ -

Other Equipment							
Equipment Type	Description	Notes		Location	L/O	LEASEHOLDER	VALUE
Equipment	Mini C-Arm - Hologic	Model # INSIGHT2	SN# 19-0117-04M	Atlanta, GA Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	19-0116-14		Oklahoma City, OK Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-Arm - Hologic	19-0815-07		Oklahoma City, OK Clinic	O		\$ 55,000.00
Equipment	Mini C-ARM Hologic	19-0715-04		Cary, NC Clinic	O		\$ 55,000.00
Equipment	Mini C-ARM Hologic	19-0715-02		Cary, NC Clinic	O		\$ 55,000.00
Equipment	Mini C-ARM Hologic	#19-0815-08		Charlotte, NC Clinic	O		\$ 55,000.00
Equipment	Mini C-ARM Hologic	#19-0216-13		Charlotte, NC Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-ARM Hologic	#19-0116-16		Charlotte, NC Clinic	L	Hologic Capital	\$ -
Equipment	Mini C-ARM Hologic	#19-0815-09		Charlotte, NC Clinic	O		\$ 55,000.00
Equipment	Mini fridge WHYNTER			Los Angeles, CA Clinic	O		\$ 150.00
Equipment	Nu Step	Serial # T5113160		Greensboro, NC Clinic	O		\$ 3,500.00
Equipment	Nu Step Machine	T5112017		Atlanta, GA Clinic	O		\$ 3,500.00
Equipment	Nu Step T5XR	Serial # T5110798		Los Angeles, CA Clinic	O		\$ 3,500.00
Equipment	Parallel Bars	SN# 1995	Model # VFS-3.0 Part# 10752	Atlanta, GA Clinic	O		\$ 600.00
Equipment	Phlebotomy Chair	Quantity: 1		Atlanta, GA Clinic	O		\$ 550.00
Equipment	PhysioStep LXT - Recumbent Stepper			Cary, NC Clinic	O		\$ 3,500.00
Equipment	PhysioStep LXT - Recumbent Stepper			Charlotte, NC Clinic	O		\$ 3,500.00
Equipment	Projectors	Quantity: 2	S/N: XZK6770004L	Oklahoma City, OK Clinic	O		\$ 11,000.00
Equipment	Provider Chairs	Quantity: 4		Atlanta, GA Clinic	O		\$ 50.00
Equipment	PT Mat Table	Quantity: 1		Atlanta, GA Clinic	O		\$ 1,000.00
Equipment	PT Mat Tables	Quantity: 3		Cary, NC Clinic	O		\$ 350.00
Equipment	PT Mat Tables	Quantity: 3		Charlotte, NC Clinic	O		\$ 350.00
Equipment	PT Treatment Beds	Quantity: 2		Atlanta, GA Clinic	O		\$ 350.00
Equipment	PT treatment tables	Quantity: 2		Los Angeles, CA Clinic	O		\$ 350.00
Equipment	PT treatment tables	Quantity: 3		Greensboro, NC Clinic	O		\$ 350.00
Equipment	Recovery Lab - Various Gym Equipment			Charlotte, NC Clinic	L	NCMIC	\$ -
Equipment	Refrigerator	Haier	SN: BL04F4E8N00BLFC20061	Los Angeles, CA Office	O		\$ 650.00
Equipment	Refrigerator			Oklahoma City, OK Clinic	O		\$ 750.00
Equipment	SCALE			Los Angeles, CA Clinic	O		\$ 325.00
Equipment	Scale	SN# 500128730	Model # 500 KL	Atlanta, GA Clinic	O		\$ 325.00
Equipment	SCALE			Oklahoma City, OK Clinic	O		\$ 325.00
Equipment	Scanner	SN# 6402052310192		Atlanta, GA Clinic	O		\$ 250.00
Equipment	Techni Mobilis Carts	Quantity: 2		Los Angeles, CA Clinic	O		\$ 50.00
Equipment	Techni Mobilis Carts	Quantity: 2		Oklahoma City, OK Clinic	O		\$ 50.00
Equipment	TENS Chairs	Quantity: 14		Los Angeles, CA Clinic	O		\$ 200.00
Equipment	TENS Chairs	Quantity: 20		Greensboro, NC Clinic	O		\$ 200.00
Equipment	TENS Chairs	Quantity: 24		Atlanta, GA Clinic	O		\$ 200.00
Equipment	TENS Chairs	Quantity: 14		Oklahoma City, OK Clinic	O		\$ 200.00
Equipment	Tens Machine	Quantity: 11	TENSB0000	Atlanta, GA Clinic	O		\$ 100.00
Equipment	Terason t3200 - Ultrasound Machine	Service Tag # B4620		Los Angeles, CA Clinic	O		\$ 24,000.00
Equipment	Terason t3200 - Ultrasound Machine	Service Tag #: B3271		Los Angeles, CA Clinic	O		\$ 23,000.00
Equipment	Terason t3200 - Ultrasound Machine	Service Tag# B3997		Oklahoma City, OK Clinic	O		\$ 25,000.00
Equipment	U/S - chair	Quantity: 2		Greensboro, NC Clinic	O		\$ 1,800.00
Equipment	U/S - table			Los Angeles, CA Clinic	O		\$ 350.00
Equipment	U/S - table			Oklahoma City, OK Clinic	O		\$ 1,800.00
Equipment	U/S Tables	Quantity: 2		Atlanta, GA Clinic	O		\$ 1,800.00
Equipment	Ulta sound Terason t3200	Serial # 00186-070-297-523	Tag # B4610	Greensboro, NC Clinic	O		\$ 24,000.00
Equipment	Ulta sound Terason t3200	Serial # 00184-020-390-728	Tag # B4612	Greensboro, NC Clinic	O		\$ 24,000.00
Equipment	UltraSound Machine		Service Tag# B4076				
	Probe #1	SN# 6417	Model # 15L4	Atlanta, GA Clinic	L	NCMIC	\$ -
	Probe #2	SN# 6C1	Model # 6487				
Equipment	Ultrasound Terason	B4572		Cary, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B4443		Cary, NC Clinic	O		\$ 25,000.00
Equipment	Ultrasound Terason	B3515		Cary, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B3449		Cary, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B4443		Charlotte, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B3515		Charlotte, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B2468		Charlotte, NC Clinic	O		\$ 23,000.00
Equipment	Ultrasound Terason	B4084		Charlotte, NC Clinic	O		\$ 23,000.00
Equipment	Video Wall	9 monitors & 9 brightsign		Los Angeles, CA Clinic	O		\$ 8,000.00
Equipment	Visio TV			Atlanta, GA Clinic	O		\$ 329.00
Equipment	Vizio TV			Cary, NC Clinic	O		\$ 350.00
Equipment	Washer	SN# 601KWTAS5M297	Model #WM1377HW	Atlanta, GA Clinic	O		\$ 1,000.00
Equipment	Wheel chair			Los Angeles, CA Clinic	O		\$ 185.00
Equipment	Wheel chair	Quantity: 1		Greensboro, NC Clinic	O		\$ 185.00
Equipment	Wheel chair	Quantity: 1		Atlanta, GA Clinic	O		\$ 185.00
Equipment	Wheel chair			Oklahoma City, OK Clinic	O		\$ 185.00

Other Equipment							
Equipment Type	Description	Notes		Location	L/O	LEASEHOLDER	VALUE
Equipment	White Chest Freezer 7.1 Cu ft	Idylsis		Cary, NC Clinic	O		\$ 150.00
Equipment	White Chest Freezer 7.1 Cu ft	Idylsis		Charlotte, NC Clinic	O		\$ 300.00
Equipment	Wireless Headset- Spracht	SN# 50905965	Model# HS-2012	Atlanta, GA Clinic	O		\$ 200.00
Other Equipment Total							\$ 961,054.00

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Business Merchant Funding

Creditor's Name

**680 Central Avenue
Cedarhurst, NY 11516**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

1/8/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All Assets

Column A
Amount of claim
Do not deduct the value of collateral.

\$973,606.00

Column B
Value of collateral that supports this claim

\$973,606.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.2 Complete Business Solutions Group,

Creditor's Name

**22 N. 3rd Street
Philadelphia, PA 19106**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/12/2018

Last 4 digits of account number

Describe debtor's property that is subject to a lien
All Assets

\$563,589.94

\$0.00

Describe the lien

Unperfected Security Interest

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Flexogenix Group, Inc.**
Name

Case number (if known)

2:19-bk-12927

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.3 **Complete Business Solutions Group,**
Creditor's Name

22 N. 3rd Street
Philadelphia, PA 19106

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/3/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All Assets

\$578,727.20

\$0.00

Describe the lien

Unperfected Security Interest

Is the creditor an insider or related party?

No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 **Complete Business Solutions Group,**
Creditor's Name

22 N. 3rd Street
Philadelphia, PA 19106

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/24/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All Assets

\$1,125,574.00

\$0.00

Describe the lien

Unperfected Security Interest

Is the creditor an insider or related party?

No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5 **Complete Business Solutions Group,**
Creditor's Name

22 N. 3rd Street
Philadelphia, PA 19106

Creditor's mailing address

Describe debtor's property that is subject to a lien
All Assets

\$1,076,500.00

\$0.00

Describe the lien

Debtor Flexogenix Group, Inc.
Name

Case number (if known)

2:19-bk-12927

Unperfected Security Interest

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

11/27/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.6

Complete Business Solutions Group,

Creditor's Name

**22 N. 3rd Street
Philadelphia, PA 19106**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$583,700.00

\$0.00

All Assets

Describe the lien

Unperfected Security Interest

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

12/27/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.7

**Franklin Funding Group,
LLC**

Creditor's Name

**1425 37th St., #557
Brooklyn, NY 11218**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$423,695.00

\$0.00

All accounts receivables, receipts, instruments, contract rights, and other rights to receive payment of money, patents, chattel paper

Describe the lien

UCC-1

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

1/3/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor Flexogenix Group, Inc.

Case number (if known)

2:19-bk-12927

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent
 Unliquidated
 Disputed

2.8 **Franklin Funding Group, LLC**

Creditor's Name

**1425 37th St., #557
Brooklyn, NY 11218**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

1/3/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$577,585.00

\$0.00

All accounts receivables, receipts, instruments, contract rights, and other rights to receive payment of money, patents, chattel paper

Describe the lien

UCC-1

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.9 **In Advance Capital, LLC**

Creditor's Name

**1233 48th Street
Brooklyn, NY 11219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/13/2019

Last 4 digits of account number

Describe debtor's property that is subject to a lien

\$183,359.00

\$0.00

All assets

Describe the lien

UCC-1

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.10 **Influx Capital LLC**

Creditor's Name

**32 Court Street, Suite 205
Brooklyn, NY 11201**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$335,548.00

\$0.00

All assets

Describe the lien

UCC-1

Debtor Flexogenix Group, Inc.
Name

Case number (if known)

2:19-bk-12927

Creditor's email address, if known

Date debt was incurred

2/1/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1
1

Yes Capital Group, LLC

Creditor's Name

**1233 48th Street
Brooklyn, NY 11219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/12/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$183,359.00

\$0.00

All assets

Describe the lien

UCC-1

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$6,605,243.1

4

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**David Fogel
David Fogel, P.C.
1225 Franklin Avenue
Suite 522
Garden City, NY 11530-1753**

On which line in Part 1 did you enter the related creditor?

Line 2.11

Last 4 digits of account number for this entity

**David Fogel
David Fogel, P.C.
1225 Franklin Avenue
Suite 522
Garden City, NY 11530-1753**

Line 2.9

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address Adrienne A Haskins 45210 W Highway 51 Jennings, OK 74038</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$5,528.95 \$5,528.95
	<p>Date or dates debt was incurred March 2019</p>	<p>Basis for the claim: Wages</p>	
	<p>Last 4 digits of account number</p>	<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
	<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.2	<p>Priority creditor's name and mailing address Aeisha S Allen 11163 Foxhaven Dr Charlotte, NC 28277</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$1,299.04 \$1,299.04
	<p>Date or dates debt was incurred March 2019</p>	<p>Basis for the claim: Wages</p>	
	<p>Last 4 digits of account number</p>	<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
	<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.3 Priority creditor's name and mailing address Alexis Cox 104 Twin Oaks PI Goldsboro, NC 27530	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$213.48 \$213.48
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.4 Priority creditor's name and mailing address Aliya Cromwell 283 Silver Ridge Dr Dallas, GA 30157	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$903.85 \$903.85
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.5 Priority creditor's name and mailing address Amanda K Caudill 133 W 36Th St Long Beach, CA 90807	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$798.08 \$798.08
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.6 Priority creditor's name and mailing address Amber E Price 817 Rankin PI Greensboro, NC 27403	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,905.53 \$7,905.53
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.7	Flexogenix Group, Inc. Name Priority creditor's name and mailing address Angelina Evans 1749 N Serrano Ave Apt 207 Los Angeles, CA 90027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,454.98	\$1,454.98
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Anna Gordea 109 Holly Bay Ln Holly Springs, NC 27540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,142.52	\$1,142.52
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Beth Gichuhi 6310 Daybrook Cir Apt 303 Raleigh, NC 27606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,783.51	\$1,783.51
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Branden Ford 3715 Debelle St Clarkston, GA 30021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,229.60	\$1,229.60
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.11 Priority creditor's name and mailing address Brandia Sanders 322 Newcastle Ave Lincolnton, NC 28092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$675.74 \$675.74
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.12 Priority creditor's name and mailing address Charlene Adkisson 7901 S Council Rd #256 Oklahoma City, OK 73169	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$567.25 \$567.25
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.13 Priority creditor's name and mailing address Cheri Dickinson 1105 Garden Lake Dr Riverdale, GA 30296	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,075.86 \$1,075.86
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.14 Priority creditor's name and mailing address City of Los Angeles Office of Finance PO BOX 30879 Los Angeles, CA 90030-0879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,655.53 \$1,655.53
Date or dates debt was incurred	Basis for the claim: City Taxes	
Last 4 digits of account number 1069	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Debtor	Case number (if known)	2:19-bk-12927	
2.15	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$266.85 \$266.85
	Connor J McClanahan 5032 Newcastle Rd Raleigh, NC 27606	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address Daisy Anaya 7029 Denver Ave Los Angeles, CA 90044	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$472.26 \$472.26
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address David Gerber 1913 Goldenrod Lane Midwest City, OK 73130	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,980.03 \$1,980.03
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address Derek Medeiros 10127 Oxford Landing Ln Charlotte, NC 28270	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24,257.56 \$12,850.00
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.19	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$907.90 \$907.90
	Priority creditor's name and mailing address Desiree K Jones 947 Wind Carved Ln Monroe, NC 28110	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.20	Priority creditor's name and mailing address Diara Gross 235 Lincoln Court Avenue NE Brookhaven, GA 30329	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,062.20 \$12,850.00
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.21	Priority creditor's name and mailing address Dinoshka Acevedo 5174 Martin Luther King Jr Blv Lynwood, CA 90262	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,384.62 \$1,384.62
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.22	Priority creditor's name and mailing address Doretta H Lawson 4830 Tony Dr Trinity, NC 27370	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$836.80 \$836.80
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor	Case number (if known)	Case number (if known)	
		2:19-bk-12927	
2.23	Priority creditor's name and mailing address Elisabeth S Barnes 1816 N McDowell St. Apt #1 Charlotte, NC 28205	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address Erin Boyd 3844 Northwest 36th Street Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address Grace Fantetti 3498 Panama Dr Greensboro, NC 27405	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address Guadalupe Acevedo Tirado 15 Tucker Farm Cir Angier, NC 27501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.27 Priority creditor's name and mailing address Haley Saul 20 Craig Court Mebane, NC 27302	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$896.98 \$896.98
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28 Priority creditor's name and mailing address Harry Pinckney 6521 Monroe Rd Apt 102 Charlotte, NC 28212	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,150.33 \$1,150.33
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29 Priority creditor's name and mailing address Heidi Hall 28437 Cr 87 Robertsdale, AL 36567	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,309.41 \$6,309.41
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30 Priority creditor's name and mailing address Holly A Stubbins 5515 Mcwhorter Rd Waxhaw, NC 28173	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$876.33 \$876.33
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.31	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346	<input type="checkbox"/> Contingent	\$953,010.25
		<input type="checkbox"/> Unliquidated	\$953,010.25
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number 2975	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	\$683.50
		<input type="checkbox"/> Yes	\$683.50
2.32	Priority creditor's name and mailing address Iqra Ahmed 800 North Oklahoma Avenue Oklahoma City, OK 73104	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	\$0.00
		<input type="checkbox"/> Yes	\$0.00
2.33	Priority creditor's name and mailing address Iris Whalen 4706 Mount Royal Lane Charlotte, NC 28210	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	\$0.00
		<input type="checkbox"/> Yes	\$0.00
2.34	Priority creditor's name and mailing address Jack Miletic 420 Washington Ave Apt 203 Santa Monica, CA 90403	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	\$28,701.80
		<input type="checkbox"/> Yes	\$12,850.00

Debtor	Case number (if known)	Case number (if known)
2.35	Flexogenix Group, Inc. Name	2:19-bk-12927
	Priority creditor's name and mailing address Jacqueline Puello 2112 Thornfield Rd Charlotte, NC 28217-7936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.36	Priority creditor's name and mailing address James Villaruz 647 West Duarte Road Apt. A Monrovia, CA 91016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.37	Priority creditor's name and mailing address Jana Norton 503 East Lockheed Drive Midwest City, OK 73110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	
2.38	Priority creditor's name and mailing address Janet B Sandoval 511 Lakemont Drive Clayton, NC 27520	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred March 2019	Basis for the claim: Wages
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	

Debtor	Case number (if known)	2:19-bk-12927	
2.39	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address		As of the petition filing date, the claim is:	
Jennell Brown 3709 Rosedown Dr Matthews, NC 28105		<i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
March 2019		Wages	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	
Jennifer Hogan 1829 E. Marion St. Apt. 1202 Shelby, NC 28152		\$495.87 \$495.87	
Date or dates debt was incurred		Basis for the claim:	
March 2019		Wages	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	
Jennifer Reed 1601 Morris Ave Norfolk, VA 23509		\$14,543.16 \$12,850.00	
Date or dates debt was incurred		Basis for the claim:	
March 2019		Wages	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	
Jeong Ah Hwang 3011 Rowena Avenue APT 15 Los Angeles, CA 90039		\$567.73 \$567.73	
Date or dates debt was incurred		Basis for the claim:	
March 2019		Wages	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.43	<p>Priority creditor's name and mailing address Jerrell Parker 2213 Woodwyck Way Raleigh, NC 27604</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,446.53	\$1,446.53
2.44	<p>Priority creditor's name and mailing address Joan E Kim 449 N. Catalina Avenue, #109 Pasadena, CA 91106</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$589.64	\$589.64
2.45	<p>Priority creditor's name and mailing address John Crossgrove 306 Maple Walk Street Durham, NC 27703</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,884.62	\$2,884.62
2.46	<p>Priority creditor's name and mailing address Jon S. Grubbs 6220 Yosemite Dr Port Orange, FL 32127</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$3,861.60	\$3,861.60

Debtor	Case number (if known)	2:19-bk-12927
2.47 Priority creditor's name and mailing address Jonathan M Breton 13232 Long Common Pkwy Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$817.31 \$817.31
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.48 Priority creditor's name and mailing address Joni L Scholl 2474 Walnut St # 257 Cary, NC 27518	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$670.65 \$670.65
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.49 Priority creditor's name and mailing address Joseph Cheek 11436 Lemmond Acres Dr Mint Hill, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,043.30 \$12,850.00
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.50 Priority creditor's name and mailing address Karen Berrios 1901 North Stoneacre Avenue Compton, CA 90221	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,054.01 \$1,054.01
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor	Case number (if known)	2:19-bk-12927		
2.51	<p>Priority creditor's name and mailing address Katy Y Aguillon Campos 615 E 27Th St Los Angeles, CA 90011</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,078.73	\$2,078.73
2.52	<p>Priority creditor's name and mailing address Kay N Thompson 936 S Olive St Apt 439 Los Angeles, CA 90015</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$17,898.38	\$12,850.00
2.53	<p>Priority creditor's name and mailing address Kevin Quinn 8920 Mossy Oak Drive Gainesville, GA 30506</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$4,893.70	\$4,893.70
2.54	<p>Priority creditor's name and mailing address Kimberly K Conley 103 Roelee St Trinity, NC 27370</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,543.73	\$1,543.73

Debtor	Case number (if known)	2:19-bk-12927	
2.55	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$937.50 \$937.50
	Kristen M Sykes 2305 Pitt Rd Elon, NC 27244	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.56	Priority creditor's name and mailing address Kristi A Kerrigan 11245 Lions Mane St Charlotte, NC 28273	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,288.98 \$6,288.98
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.57	Priority creditor's name and mailing address Laura Fessenden 106 Glasgow St Stern, NC 27581	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,336.59 \$1,336.59
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.58	Priority creditor's name and mailing address Lawrence J Dalmata Jr. 595 Tillie Scott Ct Greensboro, NC 27455	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,390.27 \$1,390.27
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.59	<p>Priority creditor's name and mailing address Linh Huynh 3306 Fallen Acorn Cir Cary, NC 27519</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$799.69	\$799.69
2.60	<p>Priority creditor's name and mailing address Lisa Walling 60 Landon Drive Edmond, OK 73013</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,298.08	\$1,298.08
2.61	<p>Priority creditor's name and mailing address Lishu Wang 1225 West Exposition Boulevard Apt B Los Angeles, CA 90007</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$894.84	\$894.84
2.62	<p>Priority creditor's name and mailing address Logan O Tufts 700 Maroubra Loop APT 7302 Cary, NC 27513</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	Case number (if known)	Case number (if known)	
		2:19-bk-12927	
2.63	Priority creditor's name and mailing address LOS ANGELES COUNTY TAX COLLECTOR P.O. BOX 54888 Los Angeles, CA 90054-0888	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,589.16
		<input type="checkbox"/> Contingent	\$10,589.16
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.64	Priority creditor's name and mailing address Luisa Farias 11245 Lions Mane St Charlotte, NC 28273	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$959.05
		<input checked="" type="checkbox"/> Contingent	\$959.05
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.65	Priority creditor's name and mailing address Lynne A Riddle 22433 S Vermont Ave Apt 126 Torrance, CA 90502	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,168.74
		<input checked="" type="checkbox"/> Contingent	\$1,168.74
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.66	Priority creditor's name and mailing address Marielena Cocinero 1612 Long Paw Ln Charlotte, NC 28214	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$628.09
		<input checked="" type="checkbox"/> Contingent	\$628.09
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.67 Priority creditor's name and mailing address Marissa Vaughn 404 Greenwood Cir Cary, NC 27511	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,729.56 \$3,729.56
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.68 Priority creditor's name and mailing address Martha I Fuentes 2125 W. Avenue 30 Los Angeles, CA 90065	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$923.08 \$923.08
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.69 Priority creditor's name and mailing address Martha Oviedo 236 E Caldwell St Compton, CA 90220	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,534.28 \$1,534.28
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.70 Priority creditor's name and mailing address Mei Chih Pan 630 W Bennett Ave Glendora, CA 91741	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,035.41 \$1,035.41
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.71	<p>Priority creditor's name and mailing address Melissa A Tindall 3875 Evergreen Way Zionsville, IN 46077</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,120.00	\$1,120.00
2.72	<p>Priority creditor's name and mailing address Melissa D Mezin 1449 S Church St Apt 421 Charlotte, NC 28203</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,463.80	\$1,463.80
2.73	<p>Priority creditor's name and mailing address Michael Bryant 31951 Mill Stream Rd Trabuco Canyon, CA 92679</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,048.03	\$2,048.03
2.74	<p>Priority creditor's name and mailing address Michelle Carballo 4 Harper St Nw APT B Atlanta, GA 30318</p> <p>Date or dates debt was incurred March 2019</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,715.25	\$1,715.25

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.75 Priority creditor's name and mailing address Natalie Legette 8243 Romana Red Ln Charlotte, NC 28213	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,323.27 \$3,323.27
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.76 Priority creditor's name and mailing address Pamela Young 4126 Lake Lynn Dr Apt 306 Raleigh, NC 27613	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$869.26 \$869.26
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.77 Priority creditor's name and mailing address Patient #01	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$175.00 \$175.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.78 Priority creditor's name and mailing address Patient #02	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17.00 \$17.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.79	Priority creditor's name and mailing address Patient #03	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.28 \$25.28
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.80	Priority creditor's name and mailing address Patient #04	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$83.84 \$83.84
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.81	Priority creditor's name and mailing address Patient #05	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$397.25 \$397.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.82	Priority creditor's name and mailing address Patient #06	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.20 \$0.20
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.83 Priority creditor's name and mailing address Patient #07	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$213.55 \$213.55
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84 Priority creditor's name and mailing address Patient #08	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$291.31 \$291.31
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85 Priority creditor's name and mailing address Patient #09	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00 \$80.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86 Priority creditor's name and mailing address Patient #10	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$457.05 \$457.05
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.87 Priority creditor's name and mailing address Patient #100	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$420.31 \$420.31
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.88 Priority creditor's name and mailing address Patient #101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$924.33 \$924.33
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.89 Priority creditor's name and mailing address Patient #102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$260.44 \$260.44
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.90 Priority creditor's name and mailing address Patient #103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$233.38 \$233.38
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.91	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90.88 \$90.88
	Patient #104	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.92	Priority creditor's name and mailing address Patient #105	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$549.00 \$549.00
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.93	Priority creditor's name and mailing address Patient #106	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.56 \$23.56
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.94	Priority creditor's name and mailing address Patient #107	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$107.64 \$107.64
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.95	Priority creditor's name and mailing address Patient #108	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.78 \$25.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.96	Priority creditor's name and mailing address Patient #109	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$48.39 \$48.39
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.97	Priority creditor's name and mailing address Patient #11	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.58 \$30.58
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.98	Priority creditor's name and mailing address Patient #110	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.99	Priority creditor's name and mailing address Patient #111	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5.85 \$5.85
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.100	Priority creditor's name and mailing address Patient #112	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$56.70 \$56.70
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.101	Priority creditor's name and mailing address Patient #113	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.25 \$29.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.102	Priority creditor's name and mailing address Patient #114	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$821.27 \$821.27
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.103 Priority creditor's name and mailing address Patient #115	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$321.42 \$321.42
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$18.45 \$18.45
	<input type="checkbox"/> Yes	
2.104 Priority creditor's name and mailing address Patient #116	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18.45 \$18.45
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$146.05 \$146.05
	<input type="checkbox"/> Yes	
2.105 Priority creditor's name and mailing address Patient #117	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$146.05 \$146.05
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$160.37 \$160.37
	<input type="checkbox"/> Yes	
2.106 Priority creditor's name and mailing address Patient #118	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$160.37 \$160.37
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.107 Priority creditor's name and mailing address Patient #119	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$379.44 \$379.44
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.108 Priority creditor's name and mailing address Patient #12	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$107.91 \$107.91
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.109 Priority creditor's name and mailing address Patient #120	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$181.33 \$181.33
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.110 Priority creditor's name and mailing address Patient #121	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$190.00 \$190.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.111	Priority creditor's name and mailing address Patient #122	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22.36 \$22.36
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.112	Priority creditor's name and mailing address Patient #123	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.00 \$100.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.113	Priority creditor's name and mailing address Patient #124	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$228.82 \$228.82
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.114	Priority creditor's name and mailing address Patient #125	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.25 \$9.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.115	Priority creditor's name and mailing address Patient #126	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$71.15 \$71.15
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.116	Priority creditor's name and mailing address Patient #127	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$612.40 \$612.40
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.117	Priority creditor's name and mailing address Patient #128	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$635.12 \$635.12
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.118	Priority creditor's name and mailing address Patient #129	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$356.91 \$356.91
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	Case number (if known)	
		2:19-bk-12927	
2.119 Priority creditor's name and mailing address Patient #13	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11.85	\$11.85
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.120 Priority creditor's name and mailing address Patient #130	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.25	\$29.25
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.121 Priority creditor's name and mailing address Patient #131	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$802.79	\$802.79
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.122 Priority creditor's name and mailing address Patient #132	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68.36	\$68.36
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.123 Priority creditor's name and mailing address Patient #133	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00	\$40.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.124 Priority creditor's name and mailing address Patient #134	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8.24	\$8.24
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.125 Priority creditor's name and mailing address Patient #135	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$160.00	\$160.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.126 Priority creditor's name and mailing address Patient #136	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$183.00	\$183.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.127 Priority creditor's name and mailing address Patient #137	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$212.86 \$212.86
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.128 Priority creditor's name and mailing address Patient #138	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$667.47 \$667.47
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.129 Priority creditor's name and mailing address Patient #139	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$604.95 \$604.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.130 Priority creditor's name and mailing address Patient #14	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.131	Priority creditor's name and mailing address Patient #140	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00 \$150.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.132	Priority creditor's name and mailing address Patient #141	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$439.45 \$439.45
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.133	Priority creditor's name and mailing address Patient #142	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.134	Priority creditor's name and mailing address Patient #143	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$339.37 \$339.37
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.135 Priority creditor's name and mailing address Patient #144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.95 \$293.95
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.136 Priority creditor's name and mailing address Patient #145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$370.57 \$370.57
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.137 Priority creditor's name and mailing address Patient #146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00 \$30.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.138 Priority creditor's name and mailing address Patient #147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$292.54 \$292.54
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.139 Priority creditor's name and mailing address Patient #148	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$92.34	\$92.34
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.140 Priority creditor's name and mailing address Patient #149	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16.00	\$16.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.141 Priority creditor's name and mailing address Patient #15	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$109.10	\$109.10
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.142 Priority creditor's name and mailing address Patient #150	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$587.37	\$587.37
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.143	Priority creditor's name and mailing address Patient #151	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.50 \$7.50
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.144	Priority creditor's name and mailing address Patient #152	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$777.28 \$777.28
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.145	Priority creditor's name and mailing address Patient #153	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$130.20 \$130.20
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.146	Priority creditor's name and mailing address Patient #154	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$125.83 \$125.83
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.147 Priority creditor's name and mailing address Patient #155	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$84.09	\$84.09
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.148 Priority creditor's name and mailing address Patient #156	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$211.91	\$211.91
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.149 Priority creditor's name and mailing address Patient #157	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$105.45	\$105.45
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.150 Priority creditor's name and mailing address Patient #158	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$248.00	\$248.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.151	Priority creditor's name and mailing address Patient #159	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$168.45 \$168.45
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.152	Priority creditor's name and mailing address Patient #16	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$169.07 \$169.07
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.153	Priority creditor's name and mailing address Patient #160	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12.57 \$12.57
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.154	Priority creditor's name and mailing address Patient #161	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.155 Priority creditor's name and mailing address Patient #162	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.00	\$80.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.156 Priority creditor's name and mailing address Patient #163	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00	\$40.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.157 Priority creditor's name and mailing address Patient #164	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.00	\$120.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.158 Priority creditor's name and mailing address Patient #165	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$201.78	\$201.78
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.159 Priority creditor's name and mailing address Patient #166	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$748.61 \$748.61
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.160 Priority creditor's name and mailing address Patient #167	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$137.59 \$137.59
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.161 Priority creditor's name and mailing address Patient #168	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$67.82 \$67.82
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.162 Priority creditor's name and mailing address Patient #169	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$42.00 \$42.00
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.163	Priority creditor's name and mailing address Patient #17	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196.32 \$196.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.164	Priority creditor's name and mailing address Patient #170	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.00 \$75.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.165	Priority creditor's name and mailing address Patient #171	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$48.73 \$48.73
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.166	Priority creditor's name and mailing address Patient #172	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$912.32 \$912.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.167	Priority creditor's name and mailing address Patient #173	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$177.98 \$177.98
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.168	Priority creditor's name and mailing address Patient #174	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$149.05 \$149.05
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.169	Priority creditor's name and mailing address Patient #175	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.20 \$120.20
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.170	Priority creditor's name and mailing address Patient #176	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18.38 \$18.38
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.171	Priority creditor's name and mailing address Patient #177	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$171.52 \$171.52
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.172	Priority creditor's name and mailing address Patient #178	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$238.62 \$0.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.173	Priority creditor's name and mailing address Patient #179	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.174	Priority creditor's name and mailing address Patient #18	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$225.85 \$225.85
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.175	Priority creditor's name and mailing address Patient #180	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$79.73 \$79.73
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.176	Priority creditor's name and mailing address Patient #181	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52.59 \$52.59
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.177	Priority creditor's name and mailing address Patient #182	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.06 \$7.06
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.178	Priority creditor's name and mailing address Patient #183	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$71.34 \$71.34
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.179	Priority creditor's name and mailing address Patient #184	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$197.09 \$197.09
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.180	Priority creditor's name and mailing address Patient #185	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.181	Priority creditor's name and mailing address Patient #186	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$233.52 \$233.52
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.182	Priority creditor's name and mailing address Patient #187	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4.25 \$4.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.183	Priority creditor's name and mailing address Patient #188	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.00 \$80.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.184	Priority creditor's name and mailing address Patient #189	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49.00 \$49.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.185	Priority creditor's name and mailing address Patient #19	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$344.33 \$344.33
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.186	Priority creditor's name and mailing address Patient #190	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$227.18 \$227.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.187	Priority creditor's name and mailing address Patient #191	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$72.25 \$72.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.188	Priority creditor's name and mailing address Patient #192	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$375.54 \$375.54
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.189	Priority creditor's name and mailing address Patient #193	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$495.78 \$495.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.190	Priority creditor's name and mailing address Patient #194	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70.57 \$70.57
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.191	Priority creditor's name and mailing address Patient #195	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17.49 \$17.49
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.192	Priority creditor's name and mailing address Patient #196	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,093.24 \$2,093.24
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.193	Priority creditor's name and mailing address Patient #197	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$199.75 \$199.75
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.194	Priority creditor's name and mailing address Patient #198	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$252.36 \$252.36
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.195	Priority creditor's name and mailing address Patient #199	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$101.66 \$101.66
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.196	Priority creditor's name and mailing address Patient #20	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.197	Priority creditor's name and mailing address Patient #200	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$367.96 \$367.96
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.198	Priority creditor's name and mailing address Patient #201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$260.32 \$260.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.199 Priority creditor's name and mailing address Patient #202	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.00	\$120.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.200 Priority creditor's name and mailing address Patient #203	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$294.50	\$294.50
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.201 Priority creditor's name and mailing address Patient #204	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$130.52	\$130.52
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.202 Priority creditor's name and mailing address Patient #205	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$109.41	\$109.41
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.203 Priority creditor's name and mailing address Patient #206	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$345.97 \$345.97
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.204 Priority creditor's name and mailing address Patient #207	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$323.22 \$323.22
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.205 Priority creditor's name and mailing address Patient #208	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$171.57 \$171.57
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.206 Priority creditor's name and mailing address Patient #209	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$93.45 \$93.45
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.207 Priority creditor's name and mailing address Patient #21	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$458.65	\$458.65
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.208 Priority creditor's name and mailing address Patient #210	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13.01	\$13.01
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.209 Priority creditor's name and mailing address Patient #211	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196.32	\$196.32
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.210 Priority creditor's name and mailing address Patient #212	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68.04	\$68.04
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.211 Priority creditor's name and mailing address Patient #213	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$88.89	\$88.89
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.212 Priority creditor's name and mailing address Patient #214	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3.39	\$3.39
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.213 Priority creditor's name and mailing address Patient #215	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.00	\$10.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.214 Priority creditor's name and mailing address Patient #216	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00	\$30.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.215 Priority creditor's name and mailing address Patient #217	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$234.51 \$234.51
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.216 Priority creditor's name and mailing address Patient #218	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$242.53 \$242.53
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.217 Priority creditor's name and mailing address Patient #219	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$77.85 \$77.85
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.218 Priority creditor's name and mailing address Patient #22	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.52 \$23.52
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.219 Priority creditor's name and mailing address Patient #220	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$148.91 \$148.91
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.220 Priority creditor's name and mailing address Patient #221	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$79.05 \$79.05
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.221 Priority creditor's name and mailing address Patient #222	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$46.91 \$46.91
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.222 Priority creditor's name and mailing address Patient #223	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.10 \$100.10
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.223	Priority creditor's name and mailing address Patient #224	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$106.30 \$106.30
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.224	Priority creditor's name and mailing address Patient #225	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$486.00 \$486.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.225	Priority creditor's name and mailing address Patient #226	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$86.80 \$86.80
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.226	Priority creditor's name and mailing address Patient #227	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$277.45 \$277.45
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.227 Priority creditor's name and mailing address Patient #228	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$117.04 \$117.04
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.228 Priority creditor's name and mailing address Patient #229	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$506.76 \$506.76
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.229 Priority creditor's name and mailing address Patient #23	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24.15 \$24.15
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.230 Priority creditor's name and mailing address Patient #230	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.75 \$1.75
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.231	Priority creditor's name and mailing address Patient #231	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68.15 \$68.15
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.232	Priority creditor's name and mailing address Patient #232	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$86.56 \$86.56
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.233	Priority creditor's name and mailing address Patient #233	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28.67 \$28.67
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.234	Priority creditor's name and mailing address Patient #234	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.00 \$25.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.235	Priority creditor's name and mailing address Patient #235	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$78.83 \$78.83
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.236	Priority creditor's name and mailing address Patient #236	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$193.10 \$193.10
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.237	Priority creditor's name and mailing address Patient #237	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$306.06 \$306.06
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.238	Priority creditor's name and mailing address Patient #238	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$270.39 \$270.39
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.239	Priority creditor's name and mailing address Patient #239	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$220.00 \$220.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.240	Priority creditor's name and mailing address Patient #24	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$247.74 \$247.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.241	Priority creditor's name and mailing address Patient #240	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$91.41 \$91.41
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.242	Priority creditor's name and mailing address Patient #241	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$488.24 \$488.24
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.243 Priority creditor's name and mailing address Patient #242	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$507.75	\$507.75
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.244 Priority creditor's name and mailing address Patient #243	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.75	\$23.75
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.245 Priority creditor's name and mailing address Patient #244	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196.32	\$196.32
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.246 Priority creditor's name and mailing address Patient #245	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.00	\$120.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.247 Priority creditor's name and mailing address Patient #246	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$666.20	\$666.20
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.248 Priority creditor's name and mailing address Patient #247	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.11	\$85.11
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.249 Priority creditor's name and mailing address Patient #248	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49.27	\$49.27
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.250 Priority creditor's name and mailing address Patient #249	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.87	\$10.87
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.251 Priority creditor's name and mailing address Patient #25	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$779.18 \$779.18
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.252 Priority creditor's name and mailing address Patient #250	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44.95 \$44.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.253 Priority creditor's name and mailing address Patient #251	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$224.85 \$224.85
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.254 Priority creditor's name and mailing address Patient #252	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$280.28 \$280.28
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.255	Priority creditor's name and mailing address Patient #253	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$308.31 \$308.31
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.256	Priority creditor's name and mailing address Patient #254	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$210.00 \$210.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.257	Priority creditor's name and mailing address Patient #255	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$449.69 \$449.69
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.258	Priority creditor's name and mailing address Patient #256	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$250.00 \$250.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.259 Priority creditor's name and mailing address Patient #257	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$362.76 \$362.76
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.260 Priority creditor's name and mailing address Patient #258	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$39.40 \$39.40
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.261 Priority creditor's name and mailing address Patient #259	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$443.61 \$443.61
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.262 Priority creditor's name and mailing address Patient #26	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,075.00 \$1,075.00
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.263 Priority creditor's name and mailing address Patient #260	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.50	\$45.50
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.264 Priority creditor's name and mailing address Patient #261	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.65	\$120.65
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.265 Priority creditor's name and mailing address Patient #262	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$42.52	\$42.52
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.266 Priority creditor's name and mailing address Patient #263	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$297.90	\$297.90
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.267 Priority creditor's name and mailing address Patient #264	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$479.89 \$479.89
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.268 Priority creditor's name and mailing address Patient #265	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$88.37 \$88.37
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.269 Priority creditor's name and mailing address Patient #266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$419.57 \$419.57
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.270 Priority creditor's name and mailing address Patient #267	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12.82 \$12.82
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.271 Priority creditor's name and mailing address Patient #268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$561.42 \$561.42
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.272 Priority creditor's name and mailing address Patient #269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100.70 \$100.70
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.273 Priority creditor's name and mailing address Patient #27	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$192.92 \$192.92
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.274 Priority creditor's name and mailing address Patient #270	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$132.09 \$132.09
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.275	Priority creditor's name and mailing address Patient #271	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.21 \$0.21
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.276	Priority creditor's name and mailing address Patient #272	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.85 \$45.85
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.277	Priority creditor's name and mailing address Patient #273	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$263.25 \$263.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.278	Priority creditor's name and mailing address Patient #274	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28.83 \$28.83
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.279 Priority creditor's name and mailing address Patient #275	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$127.45 \$127.45
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.280 Priority creditor's name and mailing address Patient #276	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.00 \$45.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.281 Priority creditor's name and mailing address Patient #277	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.00 \$25.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.282 Priority creditor's name and mailing address Patient #278	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44.82 \$44.82
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.283 Priority creditor's name and mailing address Patient #279	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$116.49 \$116.49
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.284 Priority creditor's name and mailing address Patient #28	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19.56 \$19.56
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.285 Priority creditor's name and mailing address Patient #280	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$375.46 \$375.46
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.286 Priority creditor's name and mailing address Patient #281	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$282.82 \$282.82
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.287	Priority creditor's name and mailing address Patient #282	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.08 \$10.08
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.288	Priority creditor's name and mailing address Patient #283	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$223.35 \$223.35
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.289	Priority creditor's name and mailing address Patient #284	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$591.42 \$591.42
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.290	Priority creditor's name and mailing address Patient #285	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.00 \$60.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.291	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #286		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$35.00
		<input checked="" type="checkbox"/> Unliquidated	\$35.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$30.55
		<input type="checkbox"/> Yes	\$30.55
2.292	Priority creditor's name and mailing address Patient #287	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$30.55
		<input checked="" type="checkbox"/> Unliquidated	\$30.55
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$98.92
		<input type="checkbox"/> Yes	\$98.92
2.293	Priority creditor's name and mailing address Patient #288	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$98.92
		<input checked="" type="checkbox"/> Unliquidated	\$98.92
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$18.15
		<input type="checkbox"/> Yes	\$18.15
2.294	Priority creditor's name and mailing address Patient #289	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$18.15
		<input checked="" type="checkbox"/> Unliquidated	\$18.15
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.295	Priority creditor's name and mailing address Patient #29	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$108.60 \$108.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.296	Priority creditor's name and mailing address Patient #290	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65.09 \$65.09
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.297	Priority creditor's name and mailing address Patient #291	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.83 \$85.83
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.298	Priority creditor's name and mailing address Patient #292	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$128.18 \$128.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.299	Priority creditor's name and mailing address Patient #293	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65.25 \$65.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.300	Priority creditor's name and mailing address Patient #294	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.00 \$120.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.301	Priority creditor's name and mailing address Patient #295	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$795.76 \$795.76
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.302	Priority creditor's name and mailing address Patient #296	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$130.80 \$130.80
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.303 Priority creditor's name and mailing address Patient #297	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$657.63 \$657.63
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.304 Priority creditor's name and mailing address Patient #298	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$162.00 \$162.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.305 Priority creditor's name and mailing address Patient #299	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4.98 \$4.98
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.306 Priority creditor's name and mailing address Patient #30	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$229.10 \$229.10
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.307	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #300		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$83.98
		<input checked="" type="checkbox"/> Unliquidated	\$83.98
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$105.00
		<input type="checkbox"/> Yes	\$105.00
2.308	Priority creditor's name and mailing address Patient #301	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	\$105.00
		<input type="checkbox"/> Unliquidated	\$105.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$80.69
		<input type="checkbox"/> Yes	\$80.69
2.309	Priority creditor's name and mailing address Patient #302	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$128.19
		<input checked="" type="checkbox"/> Unliquidated	\$128.19
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$128.19
		<input type="checkbox"/> Yes	\$128.19
2.310	Priority creditor's name and mailing address Patient #303	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$128.19
		<input checked="" type="checkbox"/> Unliquidated	\$128.19
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.311 Priority creditor's name and mailing address Patient #304	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$511.83 \$511.83
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.312 Priority creditor's name and mailing address Patient #305	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.15 \$29.15
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.313 Priority creditor's name and mailing address Patient #306	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.314 Priority creditor's name and mailing address Patient #307	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.315 Priority creditor's name and mailing address Patient #308	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00	\$150.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.316 Priority creditor's name and mailing address Patient #309	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22.36	\$22.36
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.317 Priority creditor's name and mailing address Patient #311	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$122.36	\$122.36
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.318 Priority creditor's name and mailing address Patient #310	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$114.21	\$114.21
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.319 Priority creditor's name and mailing address Patient #311	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.18 \$100.18
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.320 Priority creditor's name and mailing address Patient #312	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$180.00 \$180.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.321 Priority creditor's name and mailing address Patient #313	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$532.55 \$532.55
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.322 Priority creditor's name and mailing address Patient #314	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.00 \$140.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.323	Priority creditor's name and mailing address Patient #315	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$200.00 \$200.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.324	Priority creditor's name and mailing address Patient #316	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$167.32 \$167.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.325	Priority creditor's name and mailing address Patient #317	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$673.92 \$673.92
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.326	Priority creditor's name and mailing address Patient #318	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22.59 \$22.59
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.327 Priority creditor's name and mailing address Patient #319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$516.25 \$516.25
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.328 Priority creditor's name and mailing address Patient #32	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$319.66 \$319.66
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.329 Priority creditor's name and mailing address Patient #320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$138.46 \$138.46
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.330 Priority creditor's name and mailing address Patient #321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00 \$80.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.331	Priority creditor's name and mailing address Patient #322	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$132.15 \$132.15
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.332	Priority creditor's name and mailing address Patient #323	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.00 \$100.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.333	Priority creditor's name and mailing address Patient #324	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70.00 \$70.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.334	Priority creditor's name and mailing address Patient #325	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$354.48 \$354.48
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.335	Priority creditor's name and mailing address Patient #326	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.00 \$100.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.336	Priority creditor's name and mailing address Patient #327	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$96.04 \$96.04
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.337	Priority creditor's name and mailing address Patient #328	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.60 \$9.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.338	Priority creditor's name and mailing address Patient #329	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$151.70 \$151.70
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.339 Priority creditor's name and mailing address Patient #33	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$667.59 \$667.59
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.340 Priority creditor's name and mailing address Patient #330	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$276.96 \$276.96
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.341 Priority creditor's name and mailing address Patient #331	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$355.81 \$355.81
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.342 Priority creditor's name and mailing address Patient #332	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.00 \$25.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.343 Priority creditor's name and mailing address Patient #333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$471.99 \$471.99
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.344 Priority creditor's name and mailing address Patient #334	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46.44 \$46.44
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.345 Priority creditor's name and mailing address Patient #335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$140.00 \$140.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.346 Priority creditor's name and mailing address Patient #336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00 \$320.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.347 Priority creditor's name and mailing address Patient #337	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$248.95 \$248.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.348 Priority creditor's name and mailing address Patient #338	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$370.20 \$370.20
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.349 Priority creditor's name and mailing address Patient #339	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$179.04 \$179.04
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.350 Priority creditor's name and mailing address Patient #34	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73.62 \$73.62
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.351 Priority creditor's name and mailing address Patient #340	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00	\$30.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.352 Priority creditor's name and mailing address Patient #341	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73.37	\$73.37
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.353 Priority creditor's name and mailing address Patient #342	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$503.78	\$503.78
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.354 Priority creditor's name and mailing address Patient #343	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$141.05	\$141.05
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.355 Priority creditor's name and mailing address Patient #344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$663.45 \$663.45
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.356 Priority creditor's name and mailing address Patient #345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$402.93 \$402.93
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.357 Priority creditor's name and mailing address Patient #346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$254.63 \$254.63
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.358 Priority creditor's name and mailing address Patient #347	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.12 \$0.12
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.359 Priority creditor's name and mailing address Patient #348	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$46.80	\$46.80
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.360 Priority creditor's name and mailing address Patient #349	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$127.91	\$127.91
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.361 Priority creditor's name and mailing address Patient #35	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.50	\$7.50
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.362 Priority creditor's name and mailing address Patient #350	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.00	\$80.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.363	Priority creditor's name and mailing address Patient #351	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6.18 \$6.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.364	Priority creditor's name and mailing address Patient #352	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$165.00 \$165.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.365	Priority creditor's name and mailing address Patient #353	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$115.00 \$115.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.366	Priority creditor's name and mailing address Patient #354	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$727.16 \$727.16
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.367 Priority creditor's name and mailing address Patient #355	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent	\$333.71
	<input checked="" type="checkbox"/> Unliquidated	\$333.71
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$5.73
	<input type="checkbox"/> Yes	\$5.73
2.368 Priority creditor's name and mailing address Patient #356	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent	\$5.73
	<input checked="" type="checkbox"/> Unliquidated	\$5.73
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.369 Priority creditor's name and mailing address Patient #357	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent	\$60.00
	<input checked="" type="checkbox"/> Unliquidated	\$60.00
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.370 Priority creditor's name and mailing address Patient #358	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent	\$304.48
	<input checked="" type="checkbox"/> Unliquidated	\$304.48
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.371 Priority creditor's name and mailing address Patient #359	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$208.70 \$208.70
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.372 Priority creditor's name and mailing address Patient #36	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$297.13 \$297.13
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.373 Priority creditor's name and mailing address Patient #360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$137.56 \$137.56
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.374 Priority creditor's name and mailing address Patient #361	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$188.09 \$188.09
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927	
2.375	Priority creditor's name and mailing address Patient #362	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$81.12 \$81.12
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.376	Priority creditor's name and mailing address Patient #363	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$328.00 \$328.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.377	Priority creditor's name and mailing address Patient #364	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$452.60 \$452.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.378	Priority creditor's name and mailing address Patient #365	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$329.09 \$329.09
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.379 Priority creditor's name and mailing address Patient #366	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65.83	\$65.83
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.380 Priority creditor's name and mailing address Patient #367	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$37.45	\$37.45
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.381 Priority creditor's name and mailing address Patient #368	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$38.99	\$38.99
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.382 Priority creditor's name and mailing address Patient #369	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$292.53	\$292.53
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.383 Priority creditor's name and mailing address Patient #37	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$302.98 \$302.98
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.384 Priority creditor's name and mailing address Patient #370	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$236.07 \$236.07
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.385 Priority creditor's name and mailing address Patient #371	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$165.64 \$165.64
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.386 Priority creditor's name and mailing address Patient #372	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$632.44 \$632.44
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.387	Priority creditor's name and mailing address Patient #373	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$270.00 \$270.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.388	Priority creditor's name and mailing address Patient #374	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.71 \$1.71
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.389	Priority creditor's name and mailing address Patient #375	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$232.92 \$232.92
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.390	Priority creditor's name and mailing address Patient #376	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.10 \$0.10
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.391 Priority creditor's name and mailing address Patient #377	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$291.82 \$291.82
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.392 Priority creditor's name and mailing address Patient #378	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$189.38 \$189.38
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.393 Priority creditor's name and mailing address Patient #379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$67.75 \$67.75
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.394 Priority creditor's name and mailing address Patient #38	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$76.79 \$76.70
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.395	Priority creditor's name and mailing address Patient #380	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$152.16 \$152.16
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.396	Priority creditor's name and mailing address Patient #381	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,960.29 \$2,850.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.397	Priority creditor's name and mailing address Patient #382	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32.18 \$32.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.398	Priority creditor's name and mailing address Patient #383	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$245.62 \$245.62
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.399	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.75 \$0.75
	Patient #384	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.400	Priority creditor's name and mailing address Patient #385	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$282.27 \$282.27
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.401	Priority creditor's name and mailing address Patient #386	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$503.96 \$503.96
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.402	Priority creditor's name and mailing address Patient #387	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$84.00 \$84.00
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.403 Priority creditor's name and mailing address Patient #388	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.34 \$0.34
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.404 Priority creditor's name and mailing address Patient #389	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$133.32 \$133.32
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.405 Priority creditor's name and mailing address Patient #39	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$128.19 \$128.19
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.406 Priority creditor's name and mailing address Patient #390	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$813.66 \$813.66
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.407	Priority creditor's name and mailing address Patient #391	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$796.50 \$796.50
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.408	Priority creditor's name and mailing address Patient #392	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90.00 \$90.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.409	Priority creditor's name and mailing address Patient #393	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$92.04 \$92.04
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.410	Priority creditor's name and mailing address Patient #394	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$609.12 \$609.12
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.411 Priority creditor's name and mailing address Patient #395	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$265.80 \$265.80
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.412 Priority creditor's name and mailing address Patient #396	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7.50 \$7.50
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.413 Priority creditor's name and mailing address Patient #397	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$171.57 \$171.57
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.414 Priority creditor's name and mailing address Patient #398	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00 \$120.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927	
2.415 Priority creditor's name and mailing address Patient #399	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$775.17	\$775.17
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$29.15	\$29.15
	<input type="checkbox"/> Yes		
2.416 Priority creditor's name and mailing address Patient #40	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.15	\$29.15
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$577.30	\$577.30
	<input type="checkbox"/> Yes		
2.417 Priority creditor's name and mailing address Patient #400	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$577.30	\$577.30
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$13.25	\$13.25
	<input type="checkbox"/> Yes		
2.418 Priority creditor's name and mailing address Patient #401	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13.25	\$13.25
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.419 Priority creditor's name and mailing address Patient #402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$602.99 \$602.99
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.420 Priority creditor's name and mailing address Patient #403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$591.50 \$591.50
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.421 Priority creditor's name and mailing address Patient #404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$265.04 \$265.04
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.422 Priority creditor's name and mailing address Patient #405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$574.19 \$574.19
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.423	Priority creditor's name and mailing address Patient #406	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$285.00
		<input checked="" type="checkbox"/> Contingent	\$285.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.424	Priority creditor's name and mailing address Patient #407	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.42
		<input checked="" type="checkbox"/> Contingent	\$140.42
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.425	Priority creditor's name and mailing address Patient #408	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196.01
		<input checked="" type="checkbox"/> Contingent	\$196.01
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.426	Priority creditor's name and mailing address Patient #409	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$147.00
		<input checked="" type="checkbox"/> Contingent	\$147.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.427 Priority creditor's name and mailing address Patient #41	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$85.85 \$85.85
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.428 Priority creditor's name and mailing address Patient #410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$418.92 \$418.92
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.429 Priority creditor's name and mailing address Patient #411	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$189.69 \$189.69
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.430 Priority creditor's name and mailing address Patient #412	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$183.00 \$183.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927
2.431 Priority creditor's name and mailing address Patient #413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$668.17 \$668.17
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.432 Priority creditor's name and mailing address Patient #414	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.74 \$238.74
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.433 Priority creditor's name and mailing address Patient #415	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$607.48 \$607.48
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.434 Priority creditor's name and mailing address Patient #416	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,177.86 \$1,177.80
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.435	Priority creditor's name and mailing address Patient #417	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$89.30 \$89.30
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.436	Priority creditor's name and mailing address Patient #418	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$42.22 \$42.22
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.437	Priority creditor's name and mailing address Patient #419	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$473.61 \$473.61
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.438	Priority creditor's name and mailing address Patient #42	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$867.38 \$867.38
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.439 Priority creditor's name and mailing address Patient #420	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5.81	\$0.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.440 Priority creditor's name and mailing address Patient #421	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.80	\$29.80
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.441 Priority creditor's name and mailing address Patient #422	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$509.26	\$509.26
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.442 Priority creditor's name and mailing address Patient #423	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$392.55	\$392.55
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.443 Priority creditor's name and mailing address Patient #424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$429.48 \$429.48
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.444 Priority creditor's name and mailing address Patient #425	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$285.15 \$285.15
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.445 Priority creditor's name and mailing address Patient #426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$377.68 \$377.68
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.446 Priority creditor's name and mailing address Patient #427	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$180.00 \$180.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.447	Flexogenix Group, Inc.	\$165.53	\$165.53
Name			
Priority creditor's name and mailing address Patient #428			
As of the petition filing date, the claim is: <i>Check all that apply.</i>			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred			
Basis for the claim: Patient Refund			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.448	Priority creditor's name and mailing address Patient #429	\$174.99	\$174.99
Name			
Priority creditor's name and mailing address Patient #429			
As of the petition filing date, the claim is: <i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred			
Basis for the claim: Patient Refund			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.449	Priority creditor's name and mailing address Patient #43	\$120.00	\$120.00
Name			
Priority creditor's name and mailing address Patient #43			
As of the petition filing date, the claim is: <i>Check all that apply.</i>			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred			
Basis for the claim: Patient Refund			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.450	Priority creditor's name and mailing address Patient #430	\$88.27	\$88.27
Name			
Priority creditor's name and mailing address Patient #430			
As of the petition filing date, the claim is: <i>Check all that apply.</i>			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred			
Basis for the claim: Patient Refund			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Case number (if known)	2:19-bk-12927	
2.451	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #431		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$35.00
		<input checked="" type="checkbox"/> Unliquidated	\$35.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$408.00
		<input type="checkbox"/> Yes	\$408.00
2.452	Priority creditor's name and mailing address Patient #432	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$80.00
		<input type="checkbox"/> Yes	\$80.00
2.453	Priority creditor's name and mailing address Patient #433	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$31.95
		<input type="checkbox"/> Yes	\$31.95
2.454	Priority creditor's name and mailing address Patient #434	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.455	Priority creditor's name and mailing address Patient #435	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$98.46 \$98.46
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.456	Priority creditor's name and mailing address Patient #436	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$238.74 \$238.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.457	Priority creditor's name and mailing address Patient #437	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.75 \$20.75
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.458	Priority creditor's name and mailing address Patient #438	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$276.42 \$276.42
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.459	Priority creditor's name and mailing address Patient #439	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$381.70 \$381.70
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.460	Priority creditor's name and mailing address Patient #44	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.25 \$29.25
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.461	Priority creditor's name and mailing address Patient #440	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$375.00 \$375.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.462	Priority creditor's name and mailing address Patient #441	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$504.05 \$504.05
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.463	Priority creditor's name and mailing address Patient #442	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$156.19 \$156.19
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.464	Priority creditor's name and mailing address Patient #443	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.00 \$60.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.465	Priority creditor's name and mailing address Patient #444	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$39.54 \$39.54
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.466	Priority creditor's name and mailing address Patient #445	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.00 \$60.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.467 Priority creditor's name and mailing address Patient #446	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$142.98 \$142.98
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.468 Priority creditor's name and mailing address Patient #447	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$317.66 \$317.66
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.469 Priority creditor's name and mailing address Patient #448	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$180.00 \$180.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.470 Priority creditor's name and mailing address Patient #449	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$112.88 \$112.88
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.471 Priority creditor's name and mailing address Patient #45	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$117.00 \$117.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.472 Priority creditor's name and mailing address Patient #450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21.70 \$21.70
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.473 Priority creditor's name and mailing address Patient #451	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$325.00 \$325.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.474 Priority creditor's name and mailing address Patient #452	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$684.00 \$684.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927	
2.475	Priority creditor's name and mailing address Patient #453	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12.87 \$12.87
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.476	Priority creditor's name and mailing address Patient #454	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,824.13 \$1,824.13
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.477	Priority creditor's name and mailing address Patient #455	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26.15 \$26.15
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.478	Priority creditor's name and mailing address Patient #456	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$800.64 \$800.64
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.479	Priority creditor's name and mailing address Patient #457	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$94.67 \$94.67
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.480	Priority creditor's name and mailing address Patient #458	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$54.70 \$54.70
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.481	Priority creditor's name and mailing address Patient #459	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$98.62 \$98.62
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.482	Priority creditor's name and mailing address Patient #46	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49.00 \$49.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.483 Priority creditor's name and mailing address Patient #460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$294.51 \$294.51
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.484 Priority creditor's name and mailing address Patient #461	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$562.84 \$562.84
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.485 Priority creditor's name and mailing address Patient #462	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40.00 \$40.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.486 Priority creditor's name and mailing address Patient #463	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$123.20 \$123.20
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.487	Priority creditor's name and mailing address Patient #464	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.40 \$23.40
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.488	Priority creditor's name and mailing address Patient #465	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,796.44 \$1,796.44
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.489	Priority creditor's name and mailing address Patient #466	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52.27 \$52.27
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.490	Priority creditor's name and mailing address Patient #467	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$99.17 \$99.17
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.491	Priority creditor's name and mailing address Patient #468	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$99.04 \$99.04
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.492	Priority creditor's name and mailing address Patient #469	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.00 \$25.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.493	Priority creditor's name and mailing address Patient #47	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.494	Priority creditor's name and mailing address Patient #470	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$234.88 \$234.88
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.495	Priority creditor's name and mailing address Patient #471	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$50.00 \$50.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.496	Priority creditor's name and mailing address Patient #472	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70.00 \$70.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.497	Priority creditor's name and mailing address Patient #473	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$259.81 \$259.81
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.498	Priority creditor's name and mailing address Patient #474	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$110.00 \$110.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.499	Priority creditor's name and mailing address Patient #475	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$110.00 \$110.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.500	Priority creditor's name and mailing address Patient #476	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$39.52 \$39.52
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.501	Priority creditor's name and mailing address Patient #477	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$828.20 \$828.20
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.502	Priority creditor's name and mailing address Patient #478	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$144.00 \$144.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.503 Priority creditor's name and mailing address Patient #479	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$185.68 \$185.68
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.504 Priority creditor's name and mailing address Patient #48	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$375.55 \$375.55
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.505 Priority creditor's name and mailing address Patient #480	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$752.95 \$752.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.506 Priority creditor's name and mailing address Patient #481	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.00 \$140.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.507	Priority creditor's name and mailing address Patient #482	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.508	Priority creditor's name and mailing address Patient #483	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$487.00 \$487.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.509	Priority creditor's name and mailing address Patient #484	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$109.00 \$109.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.510	Priority creditor's name and mailing address Patient #485	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$139.45 \$139.45
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.511 Priority creditor's name and mailing address Patient #486	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$33.75	\$33.75
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.512 Priority creditor's name and mailing address Patient #487	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52.29	\$52.29
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.513 Priority creditor's name and mailing address Patient #488	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$59.65	\$59.65
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.514 Priority creditor's name and mailing address Patient #489	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$228.67	\$228.67
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.515 Priority creditor's name and mailing address Patient #49	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$153.83 \$153.83
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.516 Priority creditor's name and mailing address Patient #490	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70.08 \$70.08
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.517 Priority creditor's name and mailing address Patient #491	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$500.00 \$500.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.518 Priority creditor's name and mailing address Patient #492	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$677.77 \$677.77
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.519 Priority creditor's name and mailing address Patient #493	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$565.14 \$565.14
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.520 Priority creditor's name and mailing address Patient #494	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$347.42 \$347.42
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.521 Priority creditor's name and mailing address Patient #495	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$210.00 \$210.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.522 Priority creditor's name and mailing address Patient #496	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$151.74 \$151.74
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.523	Priority creditor's name and mailing address Patient #497	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.56 \$23.56
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.524	Priority creditor's name and mailing address Patient #498	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$432.60 \$432.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.525	Priority creditor's name and mailing address Patient #499	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$675.00 \$675.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.526	Priority creditor's name and mailing address Patient #50	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$128.17 \$128.17
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.527 Priority creditor's name and mailing address Patient #500	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.00 \$9.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.528 Priority creditor's name and mailing address Patient #501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$280.64 \$280.64
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.529 Priority creditor's name and mailing address Patient #502	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.50 \$7.50
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.530 Priority creditor's name and mailing address Patient #503	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$610.21 \$610.21
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.531	Priority creditor's name and mailing address Patient #504	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.73 \$140.73
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.532	Priority creditor's name and mailing address Patient #505	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$38.94 \$38.94
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.533	Priority creditor's name and mailing address Patient #506	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$104.37 \$104.37
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.534	Priority creditor's name and mailing address Patient #507	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.54 \$85.54
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.535 Priority creditor's name and mailing address Patient #508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$172.58 \$172.58
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.536 Priority creditor's name and mailing address Patient #509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$543.99 \$543.99
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.537 Priority creditor's name and mailing address Patient #51	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$51.60 \$51.60
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.538 Priority creditor's name and mailing address Patient #510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83.27 \$83.27
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.539	Priority creditor's name and mailing address Patient #511	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.540	Priority creditor's name and mailing address Patient #512	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$132.54 \$132.54
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.541	Priority creditor's name and mailing address Patient #513	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$238.74 \$238.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.542	Priority creditor's name and mailing address Patient #514	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$196.29 \$196.29
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.543 Priority creditor's name and mailing address Patient #515	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$820.75 \$820.75
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.544 Priority creditor's name and mailing address Patient #516	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$196.65 \$196.65
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.545 Priority creditor's name and mailing address Patient #517	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$683.69 \$683.69
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.546 Priority creditor's name and mailing address Patient #518	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$313.76 \$313.76
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.547 Priority creditor's name and mailing address Patient #519	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$314.05 \$314.05
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.548 Priority creditor's name and mailing address Patient #52	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.549 Priority creditor's name and mailing address Patient #520	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$151.67 \$151.67
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.550 Priority creditor's name and mailing address Patient #521	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$847.17 \$847.17
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.551	Priority creditor's name and mailing address Patient #522	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27.89 \$27.89
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.552	Priority creditor's name and mailing address Patient #523	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$92.48 \$92.48
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.553	Priority creditor's name and mailing address Patient #524	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2.56 \$2.56
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.554	Priority creditor's name and mailing address Patient #525	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$344.98 \$344.98
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.555 Priority creditor's name and mailing address Patient #526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$601.86 \$601.86
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.556 Priority creditor's name and mailing address Patient #527	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45.00 \$45.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.557 Priority creditor's name and mailing address Patient #528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$112.54 \$112.54
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.558 Priority creditor's name and mailing address Patient #529	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40.00 \$40.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.559 Priority creditor's name and mailing address Patient #53	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$79.71 \$79.71
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.560 Priority creditor's name and mailing address Patient #530	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,112.91 \$1,112.91
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.561 Priority creditor's name and mailing address Patient #531	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$260.83 \$260.83
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.562 Priority creditor's name and mailing address Patient #532	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$737.33 \$737.33
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.563 Priority creditor's name and mailing address Patient #533	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$172.58 \$172.58
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.564 Priority creditor's name and mailing address Patient #534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70.00 \$70.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.565 Priority creditor's name and mailing address Patient #535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6.11 \$6.11
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.566 Priority creditor's name and mailing address Patient #536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$233.91 \$233.91
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.567 Priority creditor's name and mailing address Patient #537	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$246.87 \$246.87
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.568 Priority creditor's name and mailing address Patient #538	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27.53 \$27.53
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.569 Priority creditor's name and mailing address Patient #539	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$242.38 \$242.38
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.570 Priority creditor's name and mailing address Patient #54	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18.13 \$18.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.571	Priority creditor's name and mailing address Patient #540	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$155.00 \$155.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.572	Priority creditor's name and mailing address Patient #541	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.04 \$20.04
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.573	Priority creditor's name and mailing address Patient #542	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$448.06 \$448.06
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.574	Priority creditor's name and mailing address Patient #543	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$178.10 \$178.10
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.575	Priority creditor's name and mailing address Patient #544	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$379.99 \$379.99
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.576	Priority creditor's name and mailing address Patient #545	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$470.29 \$470.29
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.577	Priority creditor's name and mailing address Patient #546	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$46.96 \$46.96
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.578	Priority creditor's name and mailing address Patient #547	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$320.07 \$320.07
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.579	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address Patient #548		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$14.72
		<input checked="" type="checkbox"/> Unliquidated	\$14.72
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$44.50
		<input type="checkbox"/> Yes	\$44.50
2.580	Priority creditor's name and mailing address Patient #549	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44.50
	Name	<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$44.50
		<input type="checkbox"/> Yes	
2.581	Priority creditor's name and mailing address Patient #550	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.15
	Name	<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$60.15
		<input type="checkbox"/> Yes	
2.582	Priority creditor's name and mailing address Patient #550	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11.75
	Name	<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$11.75
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.583 Priority creditor's name and mailing address Patient #551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.79 \$170.79
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.584 Priority creditor's name and mailing address Patient #552	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.95 \$170.95
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.585 Priority creditor's name and mailing address Patient #553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$50.00 \$50.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.586 Priority creditor's name and mailing address Patient #554	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52.00 \$52.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927
2.587 Priority creditor's name and mailing address Patient #555	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$422.61 \$422.61
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.588 Priority creditor's name and mailing address Patient #556	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39.00 \$39.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.589 Priority creditor's name and mailing address Patient #557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111.00 \$111.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.590 Priority creditor's name and mailing address Patient #558	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$66.24 \$66.24
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927	
2.591	Priority creditor's name and mailing address Patient #559	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21.32 \$21.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.592	Priority creditor's name and mailing address Patient #560	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$95.27 \$95.27
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.593	Priority creditor's name and mailing address Patient #560	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.47 \$9.47
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.594	Priority creditor's name and mailing address Patient #561	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.03 \$0.03
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.595 Priority creditor's name and mailing address Patient #562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$316.89 \$316.89
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.596 Priority creditor's name and mailing address Patient #563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11.55 \$11.55
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.597 Priority creditor's name and mailing address Patient #564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,760.81 \$1,760.81
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.598 Priority creditor's name and mailing address Patient #565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$323.63 \$323.63
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.599	Priority creditor's name and mailing address Patient #566	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$84.22 \$84.22
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.600	Priority creditor's name and mailing address Patient #567	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$332.57 \$332.57
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.601	Priority creditor's name and mailing address Patient #568	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$180.00 \$180.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.602	Priority creditor's name and mailing address Patient #569	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$379.46 \$379.46
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.603	Priority creditor's name and mailing address Patient #57	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14.87 \$14.87
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.604	Priority creditor's name and mailing address Patient #570	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.605	Priority creditor's name and mailing address Patient #571	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18.75 \$18.75
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.606	Priority creditor's name and mailing address Patient #572	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.56 \$80.56
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.607 Priority creditor's name and mailing address Patient #573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2.41 \$2.41
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.608 Priority creditor's name and mailing address Patient #574	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$81.80 \$81.80
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.609 Priority creditor's name and mailing address Patient #575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$414.91 \$414.91
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.610 Priority creditor's name and mailing address Patient #576	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$166.62 \$166.62
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.611 Priority creditor's name and mailing address Patient #577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$304.81 \$304.81
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.612 Priority creditor's name and mailing address Patient #578	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$659.16 \$659.16
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.613 Priority creditor's name and mailing address Patient #579	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$172.33 \$172.33
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.614 Priority creditor's name and mailing address Patient #58	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$54.00 \$54.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.615	Priority creditor's name and mailing address Patient #580	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$102.22 \$102.22
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.616	Priority creditor's name and mailing address Patient #581	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$503.54 \$503.54
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.617	Priority creditor's name and mailing address Patient #582	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$97.16 \$97.16
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.618	Priority creditor's name and mailing address Patient #583	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$46.41 \$46.41
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.619 Priority creditor's name and mailing address Patient #584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$409.77 \$409.77
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.620 Priority creditor's name and mailing address Patient #585	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$33.45 \$33.45
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.621 Priority creditor's name and mailing address Patient #586	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$335.00 \$335.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.622 Priority creditor's name and mailing address Patient #587	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.75 \$0.75
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.623 Priority creditor's name and mailing address Patient #588	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,214.05 \$1,214.05
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.624 Priority creditor's name and mailing address Patient #589	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$146.36 \$146.36
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.625 Priority creditor's name and mailing address Patient #59	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$134.55 \$134.55
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.626 Priority creditor's name and mailing address Patient #590	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00 \$400.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927	
2.627	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address Patient #591		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$73.41
		<input checked="" type="checkbox"/> Unliquidated	\$73.41
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$17.33
<input type="checkbox"/>		<input type="checkbox"/> Yes	\$17.33
Priority creditor's name and mailing address Patient #592		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$17.33
		<input checked="" type="checkbox"/> Unliquidated	\$17.33
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$33.62
<input type="checkbox"/>		<input type="checkbox"/> Yes	\$33.62
Priority creditor's name and mailing address Patient #593		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$33.62
		<input checked="" type="checkbox"/> Unliquidated	\$33.62
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$114.20
<input type="checkbox"/>		<input type="checkbox"/> Yes	\$114.20
Priority creditor's name and mailing address Patient #594		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$114.20
		<input checked="" type="checkbox"/> Unliquidated	\$114.20
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
<input type="checkbox"/>		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.631 Priority creditor's name and mailing address Patient #595	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$207.12 \$207.12
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.632 Priority creditor's name and mailing address Patient #596	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18.19 \$18.19
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.633 Priority creditor's name and mailing address Patient #597	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$740.97 \$740.97
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.634 Priority creditor's name and mailing address Patient #598	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19.25 \$19.25
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.635 Priority creditor's name and mailing address Patient #599	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.34 \$0.34
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.636 Priority creditor's name and mailing address Patient #60	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$151.60 \$151.60
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.637 Priority creditor's name and mailing address Patient #600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$382.37 \$382.37
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.638 Priority creditor's name and mailing address Patient #601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$592.30 \$592.30
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.639 Priority creditor's name and mailing address Patient #602	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$434.63 \$434.63
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.640 Priority creditor's name and mailing address Patient #603	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$437.04 \$437.04
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.641 Priority creditor's name and mailing address Patient #604	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$447.32 \$447.32
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.642 Priority creditor's name and mailing address Patient #605	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$104.01 \$104.01
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.643	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #606		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.644	Priority creditor's name and mailing address Patient #607	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$455.24
		<input checked="" type="checkbox"/> Contingent	\$455.24
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.645	Priority creditor's name and mailing address Patient #608	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$78.21
		<input checked="" type="checkbox"/> Contingent	\$78.21
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.646	Priority creditor's name and mailing address Patient #609	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$125.94
		<input checked="" type="checkbox"/> Contingent	\$125.94
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.647	Priority creditor's name and mailing address Patient #61	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.00 \$75.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.648	Priority creditor's name and mailing address Patient #610	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$115.31 \$115.31
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.649	Priority creditor's name and mailing address Patient #611	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.62 \$20.62
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.650	Priority creditor's name and mailing address Patient #612	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$91.16 \$91.16
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.651 Priority creditor's name and mailing address Patient #613	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.45 \$1.45
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.652 Priority creditor's name and mailing address Patient #614	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$807.37 \$807.37
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.653 Priority creditor's name and mailing address Patient #615	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.78 \$40.78
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.654 Priority creditor's name and mailing address Patient #616	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32.00 \$32.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.655	Priority creditor's name and mailing address Patient #617	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.00
		<input checked="" type="checkbox"/> Contingent	\$140.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.656	Priority creditor's name and mailing address Patient #618	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$122.22
		<input checked="" type="checkbox"/> Contingent	\$122.22
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.657	Priority creditor's name and mailing address Patient #619	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$295.12
		<input checked="" type="checkbox"/> Contingent	\$295.12
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.658	Priority creditor's name and mailing address Patient #62	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4.34
		<input checked="" type="checkbox"/> Contingent	\$4.34
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.659 Priority creditor's name and mailing address Patient #620	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$203.52 \$203.52
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.660 Priority creditor's name and mailing address Patient #621	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$233.40 \$233.40
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.661 Priority creditor's name and mailing address Patient #622	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$53.27 \$53.27
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.662 Priority creditor's name and mailing address Patient #623	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$970.00 \$970.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.663	Priority creditor's name and mailing address Patient #624	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19.26 \$19.26
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.664	Priority creditor's name and mailing address Patient #625	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17.81 \$17.81
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.665	Priority creditor's name and mailing address Patient #626	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$178.35 \$178.35
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.666	Priority creditor's name and mailing address Patient #627	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16.60 \$16.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.667 Priority creditor's name and mailing address Patient #628	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.00	\$60.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.668 Priority creditor's name and mailing address Patient #629	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$473.00	\$473.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.669 Priority creditor's name and mailing address Patient #63	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12.06	\$12.06
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.670 Priority creditor's name and mailing address Patient #630	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$400.00	\$400.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
2.671 Priority creditor's name and mailing address Patient #631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,400.51 \$1,400.51
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.672 Priority creditor's name and mailing address Patient #632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$134.28 \$134.28
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.673 Priority creditor's name and mailing address Patient #633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$383.07 \$383.07
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.674 Priority creditor's name and mailing address Patient #634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$57.47 \$57.47
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.675	Priority creditor's name and mailing address Patient #635	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$280.00 \$280.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.676	Priority creditor's name and mailing address Patient #636	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$144.62 \$144.62
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.677	Priority creditor's name and mailing address Patient #637	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$234.11 \$234.11
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.678	Priority creditor's name and mailing address Patient #638	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$348.82 \$348.82
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.679	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address Patient #639		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$36.00
		<input checked="" type="checkbox"/> Unliquidated	\$36.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$349.00
		<input type="checkbox"/> Yes	\$349.00
2.680	Priority creditor's name and mailing address Patient #64		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.681	Priority creditor's name and mailing address Patient #640		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	\$221.49
		<input type="checkbox"/> Unliquidated	\$221.49
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.682	Priority creditor's name and mailing address Patient #641		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$113.04
		<input checked="" type="checkbox"/> Unliquidated	\$113.04
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.683 Priority creditor's name and mailing address Patient #642	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$53.52 \$53.52
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.684 Priority creditor's name and mailing address Patient #643	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$268.82 \$268.82
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.685 Priority creditor's name and mailing address Patient #644	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$74.71 \$74.71
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.686 Priority creditor's name and mailing address Patient #645	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$443.44 \$443.44
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.687 Priority creditor's name and mailing address Patient #646	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.00	\$45.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.688 Priority creditor's name and mailing address Patient #647	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$350.00	\$350.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.689 Priority creditor's name and mailing address Patient #648	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.50	\$7.50
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.690 Priority creditor's name and mailing address Patient #649	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,371.06	\$1,371.06
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.691	Priority creditor's name and mailing address Patient #65	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$78.31 \$78.31
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.692	Priority creditor's name and mailing address Patient #650	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.00 \$140.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.693	Priority creditor's name and mailing address Patient #651	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$126.27 \$126.27
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.694	Priority creditor's name and mailing address Patient #652	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24.20 \$24.20
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.695	Priority creditor's name and mailing address Patient #653	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.88 \$60.88
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.696	Priority creditor's name and mailing address Patient #654	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$657.05 \$657.05
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.697	Priority creditor's name and mailing address Patient #655	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$268.92 \$268.92
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.698	Priority creditor's name and mailing address Patient #656	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$633.84 \$633.84
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.699	Priority creditor's name and mailing address Patient #657	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$250.00 \$250.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.700	Priority creditor's name and mailing address Patient #658	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27.74 \$27.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.701	Priority creditor's name and mailing address Patient #659	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$97.42 \$97.42
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.702	Priority creditor's name and mailing address Patient #66	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.703 Priority creditor's name and mailing address Patient #660	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$292.16 \$292.16
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.704 Priority creditor's name and mailing address Patient #661	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$82.39 \$82.39
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.705 Priority creditor's name and mailing address Patient #662	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$116.59 \$116.59
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.706 Priority creditor's name and mailing address Patient #663	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.30 \$85.30
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.707	Priority creditor's name and mailing address Patient #664	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.708	Priority creditor's name and mailing address Patient #665	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$460.15 \$460.15
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.709	Priority creditor's name and mailing address Patient #666	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$191.22 \$191.22
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.710	Priority creditor's name and mailing address Patient #667	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.00 \$25.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.711	Priority creditor's name and mailing address Patient #668	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24.60 \$24.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.712	Priority creditor's name and mailing address Patient #669	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$200.00 \$200.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.713	Priority creditor's name and mailing address Patient #67	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.30 \$75.30
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.714	Priority creditor's name and mailing address Patient #670	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22.69 \$22.69
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.715 Priority creditor's name and mailing address Patient #671	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$218.46 \$218.46
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.716 Priority creditor's name and mailing address Patient #672	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$54.81 \$54.81
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.717 Priority creditor's name and mailing address Patient #673	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$234.13 \$234.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.718 Priority creditor's name and mailing address Patient #674	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00 \$150.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.719 Priority creditor's name and mailing address Patient #675	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$129.60	\$129.60
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.720 Priority creditor's name and mailing address Patient #676	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$59.48	\$59.48
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.721 Priority creditor's name and mailing address Patient #677	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.00	\$80.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.722 Priority creditor's name and mailing address Patient #678	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13.46	\$13.46
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.723 Priority creditor's name and mailing address Patient #679	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$581.38 \$581.38
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.724 Priority creditor's name and mailing address Patient #68	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$214.08 \$214.08
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.725 Priority creditor's name and mailing address Patient #680	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$330.00 \$330.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.726 Priority creditor's name and mailing address Patient #681	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.95 \$60.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.727 Priority creditor's name and mailing address Patient #682	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$549.29 \$549.29
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.728 Priority creditor's name and mailing address Patient #683	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90.77 \$90.77
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.729 Priority creditor's name and mailing address Patient #684	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.83 \$85.83
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.730 Priority creditor's name and mailing address Patient #685	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$63.24 \$63.24
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.731 Priority creditor's name and mailing address Patient #686	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$318.96 \$318.96
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.732 Priority creditor's name and mailing address Patient #687	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$237.09 \$237.09
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.733 Priority creditor's name and mailing address Patient #688	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.56 \$23.56
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.734 Priority creditor's name and mailing address Patient #689	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$78.02 \$78.02
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.735	Priority creditor's name and mailing address Patient #69	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$66.04 \$66.04
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.736	Priority creditor's name and mailing address Patient #690	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.30 \$9.30
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.737	Priority creditor's name and mailing address Patient #691	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.00 \$29.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.738	Priority creditor's name and mailing address Patient #692	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9.00 \$9.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.739 Priority creditor's name and mailing address Patient #693	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$77.34 \$77.34
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.740 Priority creditor's name and mailing address Patient #694	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$444.05 \$444.05
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.741 Priority creditor's name and mailing address Patient #695	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$767.79 \$767.79
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.742 Priority creditor's name and mailing address Patient #696	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$145.83 \$145.83
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.743	Priority creditor's name and mailing address Patient #697	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.42 \$23.42
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.744	Priority creditor's name and mailing address Patient #698	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.78 \$80.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.745	Priority creditor's name and mailing address Patient #699	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5.29 \$5.29
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.746	Priority creditor's name and mailing address Patient #70	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$683.26 \$683.26
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.747 Priority creditor's name and mailing address Patient #700	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$112.25 \$112.25
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.748 Priority creditor's name and mailing address Patient #701	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$51.34 \$51.34
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.749 Priority creditor's name and mailing address Patient #702	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$265.52 \$265.52
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.750 Priority creditor's name and mailing address Patient #703	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$66.54 \$66.54
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.751 Priority creditor's name and mailing address Patient #704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$180.51 \$180.51
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.752 Priority creditor's name and mailing address Patient #705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$222.74 \$222.74
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.753 Priority creditor's name and mailing address Patient #706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$44.00 \$44.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.754 Priority creditor's name and mailing address Patient #707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12.25 \$12.25
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	Case number (if known)
Flexogenix Group, Inc. Name	2:19-bk-12927	
2.755 Priority creditor's name and mailing address Patient #708	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$218.19 \$218.19
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.756 Priority creditor's name and mailing address Patient #709	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$72.45 \$72.45
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.757 Priority creditor's name and mailing address Patient #71	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$516.50 \$516.50
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.758 Priority creditor's name and mailing address Patient #710	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,125.00 \$1,125.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.759 Priority creditor's name and mailing address Patient #711	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.90	\$1.90
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.760 Priority creditor's name and mailing address Patient #712	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.00	\$45.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.761 Priority creditor's name and mailing address Patient #713	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85.82	\$85.82
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.762 Priority creditor's name and mailing address Patient #714	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$128.21	\$128.21
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.763	Priority creditor's name and mailing address Patient #715	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.764	Priority creditor's name and mailing address Patient #716	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$693.82 \$693.82
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.765	Priority creditor's name and mailing address Patient #717	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5.00 \$5.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.766	Priority creditor's name and mailing address Patient #718	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$185.11 \$185.11
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.767 Priority creditor's name and mailing address Patient #719	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$231.53 \$231.53
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.768 Priority creditor's name and mailing address Patient #72	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17.53 \$17.53
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.769 Priority creditor's name and mailing address Patient #720	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$262.44 \$262.44
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.770 Priority creditor's name and mailing address Patient #721	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$342.46 \$342.46
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.771 Priority creditor's name and mailing address Patient #722	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$956.15 \$956.15
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.772 Priority creditor's name and mailing address Patient #723	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$37.90 \$37.90
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.773 Priority creditor's name and mailing address Patient #724	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.93 \$1.93
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.774 Priority creditor's name and mailing address Patient #725	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$374.99 \$374.99
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.775	Priority creditor's name and mailing address Patient #726	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$367.30 \$367.30
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.776	Priority creditor's name and mailing address Patient #727	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.97 \$80.97
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.777	Priority creditor's name and mailing address Patient #728	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$238.74 \$238.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.778	Priority creditor's name and mailing address Patient #729	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$448.48 \$448.48
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.779 Priority creditor's name and mailing address Patient #73	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$318.13 \$318.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.780 Priority creditor's name and mailing address Patient #730	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11.06 \$11.06
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.781 Priority creditor's name and mailing address Patient #731	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2.75 \$2.75
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.782 Priority creditor's name and mailing address Patient #732	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$117.75 \$117.75
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.783	Priority creditor's name and mailing address Patient #733	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24.78 \$24.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.784	Priority creditor's name and mailing address Patient #734	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$130.00 \$130.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.785	Priority creditor's name and mailing address Patient #735	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7.57 \$7.57
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.786	Priority creditor's name and mailing address Patient #736	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.787 Priority creditor's name and mailing address Patient #737	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$112.40 \$112.40
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.788 Priority creditor's name and mailing address Patient #738	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$35.74 \$35.74
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.789 Priority creditor's name and mailing address Patient #739	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$398.73 \$398.73
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.790 Priority creditor's name and mailing address Patient #74	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$81.83 \$81.83
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.791 Priority creditor's name and mailing address Patient #740	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$792.17 \$792.17
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.792 Priority creditor's name and mailing address Patient #741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$217.93 \$217.93
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.793 Priority creditor's name and mailing address Patient #742	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$241.85 \$241.85
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.794 Priority creditor's name and mailing address Patient #743	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$34.45 \$34.45
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.795	Priority creditor's name and mailing address Patient #744	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15.00 \$15.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.796	Priority creditor's name and mailing address Patient #745	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$154.74 \$154.74
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.797	Priority creditor's name and mailing address Patient #746	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73.89 \$73.89
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.798	Priority creditor's name and mailing address Patient #747	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$192.92 \$192.92
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.799 Priority creditor's name and mailing address Patient #748	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,157.26 \$1,157.26
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.800 Priority creditor's name and mailing address Patient #749	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44.13 \$44.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.801 Priority creditor's name and mailing address Patient #75	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$142.75 \$142.75
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.802 Priority creditor's name and mailing address Patient #750	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$370.46 \$370.46
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.803 Priority creditor's name and mailing address Patient #751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152.41 \$152.41
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.804 Priority creditor's name and mailing address Patient #752	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$642.03 \$642.03
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.805 Priority creditor's name and mailing address Patient #753	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29.25 \$29.25
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.806 Priority creditor's name and mailing address Patient #754	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00 \$120.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.807 Priority creditor's name and mailing address Patient #755	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$207.22 \$207.22
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.808 Priority creditor's name and mailing address Patient #756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$662.72 \$662.72
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.809 Priority creditor's name and mailing address Patient #757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$996.72 \$996.72
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.810 Priority creditor's name and mailing address Patient #758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00 \$30.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.811 Priority creditor's name and mailing address Patient #759	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00	\$40.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.812 Priority creditor's name and mailing address Patient #76	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$57.06	\$57.06
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.813 Priority creditor's name and mailing address Patient #760	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$242.53	\$242.53
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.814 Priority creditor's name and mailing address Patient #761	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00	\$30.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.815	Priority creditor's name and mailing address Patient #762	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.816	Priority creditor's name and mailing address Patient #763	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$248.18 \$248.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.817	Priority creditor's name and mailing address Patient #764	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8.09 \$8.09
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.818	Priority creditor's name and mailing address Patient #765	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.819 Priority creditor's name and mailing address Patient #766	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$233.13 \$233.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.820 Priority creditor's name and mailing address Patient #767	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90.00 \$90.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.821 Priority creditor's name and mailing address Patient #768	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$299.07 \$299.07
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.822 Priority creditor's name and mailing address Patient #769	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$155.66 \$155.66
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.823 Priority creditor's name and mailing address Patient #77	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$295.22 \$295.22
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.824 Priority creditor's name and mailing address Patient #770	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29.25 \$29.25
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.825 Priority creditor's name and mailing address Patient #771	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$259.75 \$259.75
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.826 Priority creditor's name and mailing address Patient #772	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$102.22 \$102.22
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.827 Priority creditor's name and mailing address Patient #773	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$382.30 \$382.30
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.828 Priority creditor's name and mailing address Patient #774	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$714.36 \$714.36
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.829 Priority creditor's name and mailing address Patient #775	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47.00 \$47.00
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.830 Priority creditor's name and mailing address Patient #776	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$280.89 \$280.89
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.831 Priority creditor's name and mailing address Patient #777	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28.43 \$28.43
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.832 Priority creditor's name and mailing address Patient #778	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.04 \$0.04
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.833 Priority creditor's name and mailing address Patient #779	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74.69 \$74.69
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.834 Priority creditor's name and mailing address Patient #78	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$85.76 \$85.76
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.835 Priority creditor's name and mailing address Patient #780	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$43.95 \$43.95
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.836 Priority creditor's name and mailing address Patient #781	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2.45 \$2.45
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.837 Priority creditor's name and mailing address Patient #782	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.56 \$23.56
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.838 Priority creditor's name and mailing address Patient #783	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$332.43 \$332.43
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.839	Flexogenix Group, Inc. Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.63 \$0.63
	Patient #784	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.840	Priority creditor's name and mailing address Patient #785	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.841	Priority creditor's name and mailing address Patient #786	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$220.00 \$220.00
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.842	Priority creditor's name and mailing address Patient #787	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$54.93 \$54.93
	Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number	Basis for the claim: Patient Refund	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.843	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #788		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$60.70
		<input checked="" type="checkbox"/> Unliquidated	\$60.70
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$112.29
		<input type="checkbox"/> Yes	\$112.29
2.844	Priority creditor's name and mailing address Patient #789	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$112.29
		<input checked="" type="checkbox"/> Unliquidated	\$112.29
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$120.00
		<input type="checkbox"/> Yes	\$120.00
2.845	Priority creditor's name and mailing address Patient #79	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$120.00
		<input checked="" type="checkbox"/> Unliquidated	\$120.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$527.93
		<input type="checkbox"/> Yes	\$527.93
2.846	Priority creditor's name and mailing address Patient #790	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$527.93
		<input checked="" type="checkbox"/> Unliquidated	\$527.93
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.847	Flexogenix Group, Inc.	\$128.53	\$128.53
Name		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
Patient #791		<input checked="" type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.848	Priority creditor's name and mailing address	\$120.00	\$120.00
Patient #792		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.849	Priority creditor's name and mailing address	\$90.00	\$90.00
Patient #793		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.850	Priority creditor's name and mailing address	\$23.76	\$23.76
Patient #794		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor	Case number (if known)	2:19-bk-12927	
2.851	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #795		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$30.00
		<input checked="" type="checkbox"/> Unliquidated	\$30.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$26.87
		<input type="checkbox"/> Yes	\$26.87
2.852	Priority creditor's name and mailing address Patient #796	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$26.87
		<input checked="" type="checkbox"/> Unliquidated	\$26.87
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$40.00
		<input type="checkbox"/> Yes	\$40.00
2.853	Priority creditor's name and mailing address Patient #797	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$40.00
		<input checked="" type="checkbox"/> Unliquidated	\$40.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$349.85
		<input type="checkbox"/> Yes	\$349.85
2.854	Priority creditor's name and mailing address Patient #798	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$349.85
		<input checked="" type="checkbox"/> Unliquidated	\$349.85
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.855	Priority creditor's name and mailing address Patient #799	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$162.00 \$162.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.856	Priority creditor's name and mailing address Patient #80	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73.05 \$73.05
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.857	Priority creditor's name and mailing address Patient #800	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$116.10 \$116.10
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.858	Priority creditor's name and mailing address Patient #801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$235.00 \$235.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.859 Priority creditor's name and mailing address Patient #802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$548.71 \$548.71
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.860 Priority creditor's name and mailing address Patient #803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$225.24 \$225.24
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.861 Priority creditor's name and mailing address Patient #804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46.98 \$46.98
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.862 Priority creditor's name and mailing address Patient #805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$75.00 \$75.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.863	Priority creditor's name and mailing address Patient #806	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.00
		<input checked="" type="checkbox"/> Contingent	\$120.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$40.00
		<input type="checkbox"/> Yes	
2.864	Priority creditor's name and mailing address Patient #807	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00
		<input checked="" type="checkbox"/> Contingent	\$40.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.865	Priority creditor's name and mailing address Patient #808	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00
		<input checked="" type="checkbox"/> Contingent	\$40.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.866	Priority creditor's name and mailing address Patient #809	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.66
		<input checked="" type="checkbox"/> Contingent	\$60.66
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.867 Priority creditor's name and mailing address Patient #81	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00	\$40.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.868 Priority creditor's name and mailing address Patient #810	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$254.00	\$254.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.869 Priority creditor's name and mailing address Patient #811	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$672.45	\$672.45
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.870 Priority creditor's name and mailing address Patient #812	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$262.56	\$262.56
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.871	Priority creditor's name and mailing address Patient #813	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27.02 \$27.02
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.872	Priority creditor's name and mailing address Patient #814	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$375.00 \$375.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.873	Priority creditor's name and mailing address Patient #815	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$143.78 \$143.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.874	Priority creditor's name and mailing address Patient #816	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$837.10 \$837.10
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.875	Flexogenix Group, Inc.	\$62.39	\$62.39
Priority creditor's name and mailing address Patient #817		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.876	Priority creditor's name and mailing address Patient #818	\$222.38	\$222.38
Priority creditor's name and mailing address Patient #818		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.877	Priority creditor's name and mailing address Patient #819	\$15.00	\$15.00
Priority creditor's name and mailing address Patient #819		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.878	Priority creditor's name and mailing address Patient #82	\$18.00	\$18.00
Priority creditor's name and mailing address Patient #82		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.879	Priority creditor's name and mailing address Patient #820	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40.00 \$40.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.880	Priority creditor's name and mailing address Patient #821	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00 \$30.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.881	Priority creditor's name and mailing address Patient #822	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$81.59 \$81.59
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.882	Priority creditor's name and mailing address Patient #823	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$261.00 \$261.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.883 Priority creditor's name and mailing address Patient #824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.55 \$300.55
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.884 Priority creditor's name and mailing address Patient #825	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$322.52 \$322.52
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.885 Priority creditor's name and mailing address Patient #826	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$89.47 \$89.47
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.886 Priority creditor's name and mailing address Patient #827	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.35 \$184.35
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.887 Priority creditor's name and mailing address Patient #828	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$307.60 \$307.60
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.888 Priority creditor's name and mailing address Patient #829	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$57.13 \$57.13
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.889 Priority creditor's name and mailing address Patient #83	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.41 \$150.41
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.890 Priority creditor's name and mailing address Patient #830	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$358.68 \$358.68
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.891	Priority creditor's name and mailing address Patient #831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.56 \$23.56
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.892	Priority creditor's name and mailing address Patient #832	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$488.64 \$488.64
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.893	Priority creditor's name and mailing address Patient #833	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$390.26 \$390.26
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.894	Priority creditor's name and mailing address Patient #834	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.82 \$10.82
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.895	Priority creditor's name and mailing address Patient #835	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$158.50 \$158.50
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.896	Priority creditor's name and mailing address Patient #836	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$130.00 \$130.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.897	Priority creditor's name and mailing address Patient #837	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$263.55 \$263.55
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.898	Priority creditor's name and mailing address Patient #838	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$17.64 \$17.64
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.899	Priority creditor's name and mailing address Patient #839	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$34.34 \$34.34
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.900	Priority creditor's name and mailing address Patient #840	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.00 \$100.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.901	Priority creditor's name and mailing address Patient #840	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$86.85 \$86.85
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.902	Priority creditor's name and mailing address Patient #841	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$236.54 \$236.54
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.903 Priority creditor's name and mailing address Patient #842	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$334.54 \$334.54
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.904 Priority creditor's name and mailing address Patient #843	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$210.63 \$210.63
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.905 Priority creditor's name and mailing address Patient #844	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$51.53 \$51.53
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.906 Priority creditor's name and mailing address Patient #845	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$108.46 \$108.46
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.907 Priority creditor's name and mailing address Patient #846	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21.00	\$21.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.908 Priority creditor's name and mailing address Patient #847	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$261.00	\$261.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.909 Priority creditor's name and mailing address Patient #848	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$180.00	\$180.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.910 Priority creditor's name and mailing address Patient #849	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00	\$20.00
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.911	Priority creditor's name and mailing address Patient #85	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00 \$20.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.912	Priority creditor's name and mailing address Patient #850	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,000.00 \$1,000.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.913	Priority creditor's name and mailing address Patient #851	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120.23 \$120.23
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.914	Priority creditor's name and mailing address Patient #852	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$230.92 \$230.92
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.915 Priority creditor's name and mailing address Patient #853	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$580.49 \$580.49
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.916 Priority creditor's name and mailing address Patient #854	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$166.35 \$166.35
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.917 Priority creditor's name and mailing address Patient #855	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$103.59 \$103.59
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.918 Priority creditor's name and mailing address Patient #856	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$230.40 \$230.40
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
Flexogenix Group, Inc. Name			
2.919 Priority creditor's name and mailing address Patient #857	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6.55	\$6.55
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.920 Priority creditor's name and mailing address Patient #858	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$125.45	\$125.45
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.921 Priority creditor's name and mailing address Patient #859	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.18	\$25.18
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.922 Priority creditor's name and mailing address Patient #86	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$114.12	\$114.12
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim: Patient Refund		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	Case number (if known)	2:19-bk-12927	
2.923	Priority creditor's name and mailing address Patient #860	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$155.00 \$155.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.924	Priority creditor's name and mailing address Patient #861	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$224.18 \$224.18
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.925	Priority creditor's name and mailing address Patient #862	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$187.38 \$187.38
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.926	Priority creditor's name and mailing address Patient #863	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45.00 \$45.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.927	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address Patient #864		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$762.59
		<input checked="" type="checkbox"/> Unliquidated	\$762.59
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$177.24
<input type="checkbox"/> Yes	\$177.24		
2.928	Priority creditor's name and mailing address Patient #865	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$177.24
		<input checked="" type="checkbox"/> Contingent	\$177.24
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$219.13
<input type="checkbox"/> Yes	\$219.13		
2.929	Priority creditor's name and mailing address Patient #866	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$219.13
		<input checked="" type="checkbox"/> Contingent	\$219.13
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$145.00
<input type="checkbox"/> Yes	\$145.00		
2.930	Priority creditor's name and mailing address Patient #867	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$145.00
		<input checked="" type="checkbox"/> Contingent	\$145.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes			

Debtor	Case number (if known)	2:19-bk-12927	
2.931	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #868		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$60.00
		<input checked="" type="checkbox"/> Unliquidated	\$60.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$173.00
		<input type="checkbox"/> Yes	\$173.00
2.932	Priority creditor's name and mailing address Patient #869	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$173.00
		<input type="checkbox"/> Contingent	\$173.00
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$231.74
		<input type="checkbox"/> Yes	\$231.74
2.933	Priority creditor's name and mailing address Patient #87	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$231.74
		<input checked="" type="checkbox"/> Contingent	\$231.74
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$76.47
		<input type="checkbox"/> Yes	\$76.47
2.934	Priority creditor's name and mailing address Patient #870	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$76.47
		<input checked="" type="checkbox"/> Contingent	\$76.47
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.935	Flexogenix Group, Inc. Name		
Priority creditor's name and mailing address Patient #871		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$14.56
		<input checked="" type="checkbox"/> Unliquidated	\$14.56
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$28.05
<input type="checkbox"/> Yes	\$28.05		
2.936	Priority creditor's name and mailing address Patient #872	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$28.05
		<input checked="" type="checkbox"/> Unliquidated	\$28.05
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$60.00
<input type="checkbox"/> Yes	\$60.00		
2.937	Priority creditor's name and mailing address Patient #873	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$60.00
		<input checked="" type="checkbox"/> Unliquidated	\$60.00
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$28.90
<input type="checkbox"/> Yes	\$28.90		
2.938	Priority creditor's name and mailing address Patient #874	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$28.90
		<input checked="" type="checkbox"/> Unliquidated	\$28.90
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes			

Debtor	Case number (if known)	2:19-bk-12927	
2.939	Flexogenix Group, Inc.		
	Name		
Priority creditor's name and mailing address Patient #875		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$112.53
		<input checked="" type="checkbox"/> Unliquidated	\$112.53
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	\$263.78
		<input type="checkbox"/> Yes	\$263.78
2.940	Priority creditor's name and mailing address Patient #876		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	\$263.78
		<input type="checkbox"/> Unliquidated	\$263.78
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.941	Priority creditor's name and mailing address Patient #877		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$7.50
		<input checked="" type="checkbox"/> Unliquidated	\$7.50
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.942	Priority creditor's name and mailing address Patient #878		
	Name	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	\$45.37
		<input checked="" type="checkbox"/> Unliquidated	\$45.37
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.943	Priority creditor's name and mailing address Patient #879	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$175.60 \$175.60
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.944	Priority creditor's name and mailing address Patient #88	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$142.78 \$142.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.945	Priority creditor's name and mailing address Patient #880	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68.78 \$68.78
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.946	Priority creditor's name and mailing address Patient #881	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$330.32 \$330.32
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.947 Priority creditor's name and mailing address Patient #882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$205.85 \$205.85
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.948 Priority creditor's name and mailing address Patient #883	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11.15 \$11.15
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.949 Priority creditor's name and mailing address Patient #884	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$258.13 \$258.13
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.950 Priority creditor's name and mailing address Patient #885	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.08 \$293.08
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.951	Priority creditor's name and mailing address Patient #886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70.67	\$70.67
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.952	Priority creditor's name and mailing address Patient #887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$104.90	\$104.90
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.953	Priority creditor's name and mailing address Patient #888	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23.40	\$23.40
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.954	Priority creditor's name and mailing address Patient #889	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$128.18	\$128.18
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			

Debtor	Case number (if known)	2:19-bk-12927		
2.955	Priority creditor's name and mailing address Patient #89	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$244.68	\$244.68
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.956	Priority creditor's name and mailing address Patient #890	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$103.45	\$103.45
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.957	Priority creditor's name and mailing address Patient #891	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$151.60	\$151.60
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.958	Priority creditor's name and mailing address Patient #892	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$145.86	\$145.86
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			

Debtor	Case number (if known)	2:19-bk-12927	
2.959	Priority creditor's name and mailing address Patient #893	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$209.90 \$209.90
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.960	Priority creditor's name and mailing address Patient #894	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$330.00 \$330.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.961	Priority creditor's name and mailing address Patient #895	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$146.63 \$146.63
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.962	Priority creditor's name and mailing address Patient #896	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$600.00 \$600.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.963 Priority creditor's name and mailing address Patient #897	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$651.45 \$651.45
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.964 Priority creditor's name and mailing address Patient #898	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17.65 \$17.65
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.965 Priority creditor's name and mailing address Patient #899	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$169.86 \$169.86
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		
2.966 Priority creditor's name and mailing address Patient #90	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,291.65 \$1,291.65
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		

Debtor	Case number (if known)	2:19-bk-12927
2.967 Priority creditor's name and mailing address Patient #900	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$423.12 \$423.12
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.968 Priority creditor's name and mailing address Patient #901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$286.31 \$286.31
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.969 Priority creditor's name and mailing address Patient #902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$37.71 \$37.71
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.970 Priority creditor's name and mailing address Patient #903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$93.45 \$93.45
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.971 Priority creditor's name and mailing address Patient #904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$131.01 \$131.01
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.972 Priority creditor's name and mailing address Patient #905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109.21 \$109.21
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.973 Priority creditor's name and mailing address Patient #906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$221.61 \$221.61
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.974 Priority creditor's name and mailing address Patient #907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7.00 \$7.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.975 Priority creditor's name and mailing address Patient #908	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$336.71 \$336.71
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.976 Priority creditor's name and mailing address Patient #909	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$257.78 \$257.78
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.977 Priority creditor's name and mailing address Patient #911	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$254.63 \$254.63
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.978 Priority creditor's name and mailing address Patient #910	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$33.17 \$33.17
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.979	Priority creditor's name and mailing address Patient #911	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90.73 \$90.73
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.980	Priority creditor's name and mailing address Patient #912	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$72.46 \$72.46
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.981	Priority creditor's name and mailing address Patient #913	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$203.68 \$203.68
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.982	Priority creditor's name and mailing address Patient #914	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$31.27 \$31.27
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.983	Flexogenix Group, Inc.	\$102.91	\$102.91
Priority creditor's name and mailing address Patient #915		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.984	Priority creditor's name and mailing address Patient #916	\$400.00	\$400.00
Priority creditor's name and mailing address Patient #916		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.985	Priority creditor's name and mailing address Patient #917	\$337.77	\$337.77
Priority creditor's name and mailing address Patient #917		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.986	Priority creditor's name and mailing address Patient #918	\$43.14	\$43.14
Priority creditor's name and mailing address Patient #918		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Patient Refund	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927	
2.987	Priority creditor's name and mailing address Patient #919	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$135.00
		<input checked="" type="checkbox"/> Contingent	\$135.00
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	\$60.63
		<input type="checkbox"/> Yes	\$60.63
2.988	Priority creditor's name and mailing address Patient #92	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60.63
		<input checked="" type="checkbox"/> Contingent	\$60.63
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.989	Priority creditor's name and mailing address Patient #93	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47.35
		<input checked="" type="checkbox"/> Contingent	\$47.35
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.990	Priority creditor's name and mailing address Patient #94	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$134.28
		<input checked="" type="checkbox"/> Contingent	\$134.28
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Patient Refund	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.991 Priority creditor's name and mailing address Patient #95	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$139.14 \$139.14
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.992 Priority creditor's name and mailing address Patient #96	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$416.68 \$416.68
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.993 Priority creditor's name and mailing address Patient #97	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$265.00 \$265.00
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.994 Priority creditor's name and mailing address Patient #98	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20.49 \$20.49
Date or dates debt was incurred	Basis for the claim: Patient Refund	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927		
2.995	Priority creditor's name and mailing address Patient #99	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5.40	\$5.40
	Date or dates debt was incurred	Basis for the claim: Patient Refund		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)			
2.996	Priority creditor's name and mailing address Rebeca N Lopez 4662 Brompton Dr Greensboro, NC 27407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$975.71	\$975.71
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.997	Priority creditor's name and mailing address Renada Rogers 1417 Camargo Ln Raleigh, NC 27604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$870.40	\$870.40
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.998	Priority creditor's name and mailing address Rene L McClanahan 2030 Old Chapman Drive Apex, NC 27502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,422.53	\$1,422.53
	Date or dates debt was incurred March 2019	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor	Case number (if known)	2:19-bk-12927	
2.999	Flexogenix Group, Inc.	\$1,356.16	\$1,356.16
Priority creditor's name and mailing address Samantha Harvey 7910 Sunfield Circle Apt 206 Raleigh, NC 27617		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019		Basis for the claim: Wages	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.1000	Priority creditor's name and mailing address Sean P Whalen 4706 Mt Royal Ln Charlotte, NC 28210	\$0.00	\$0.00
Date or dates debt was incurred March 2019		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Last 4 digits of account number		Basis for the claim: Wages	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.1001	Priority creditor's name and mailing address Sejal Mankad 1000 Corwith Dr Morrisville, NC 27560	\$3,010.88	\$3,010.88
Date or dates debt was incurred March 2019		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Last 4 digits of account number		Basis for the claim: Wages	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.1002	Priority creditor's name and mailing address Shannon E Parrott 8132 Green Lantern St Apt 103 Raleigh, NC 27613	\$817.31	\$817.31
Date or dates debt was incurred March 2019		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Last 4 digits of account number		Basis for the claim: Wages	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
Flexogenix Group, Inc. Name		
2.1003 Priority creditor's name and mailing address Stacie Marchetti 239 Cypress Hill Lane Holly Springs, NC 27540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$828.55 \$828.55
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1004 Priority creditor's name and mailing address Tabitha McRae 801 Grentton PI Apt 2G Browns Summit, NC 27214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$714.08 \$714.08
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1005 Priority creditor's name and mailing address Tamara Faucett 11800 Battery PI Charlotte, NC 28273	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,078.68 \$1,078.68
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1006 Priority creditor's name and mailing address Taylor Nicole Walker 4113 Grand Manor Ct Apt 403 Raleigh, NC 27612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,441.60 \$1,441.60
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor	Case number (if known)	2:19-bk-12927	
2.1007 Priority creditor's name and mailing address Terrez Pugh 2126 NE 15th St Oklahoma City, OK 73117	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
2.1008 Priority creditor's name and mailing address Thomas M Howard 2754 Lake Waccamaw Trl Apex, NC 27502	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
2.1009 Priority creditor's name and mailing address Thomas Russell Duncan 155 Enwood Drive Charlotte, NC 28214	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
2.1010 Priority creditor's name and mailing address Tianne Williams 6425 Oakley Rd Apt 1601 Union City, GA 30291	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred March 2019	Basis for the claim: Wages		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	

Debtor	Case number (if known)	2:19-bk-12927
2.1011 Priority creditor's name and mailing address Tiara S Simmons 409 Pinewood Dr Madison, NC 27025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,481.24 \$1,481.24
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1012 Priority creditor's name and mailing address Wendy Quarry 305 Cottonwood Lane Holly Springs, NC 27540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,471.16 \$1,471.16
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1013 Priority creditor's name and mailing address Yajaira R Martinez 11450 Albers St North Hollywood, CA 91601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,103.40 \$2,103.40
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.1014 Priority creditor's name and mailing address Yao Shan Chen 12314 Rose Street Cerritos, CA 90703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,480.77 \$1,480.77
Date or dates debt was incurred March 2019	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor	Flexogenix Group, Inc. Name	Case number (if known)	2:19-bk-12927
2.1015	Priority creditor's name and mailing address Yi Pei Lu 18821 Carreta Dr Rowland Heights, CA 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,888.47 \$1,888.47
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1016	Priority creditor's name and mailing address Zana Devlin 8018 Goldenrain Way Raleigh, NC 27612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,478.96 \$1,478.96
	Date or dates debt was incurred March 2019	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Part 2: List All Creditors with NONPRIORITY Unsecured Claims			
3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.			Amount of claim
3.1	Nonpriority creditor's name and mailing address 4imprint 101 Commerce St PO Box 320 Oshkosh, WI 54901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,273.20
	Date(s) debt was incurred _____	Basis for the claim: <u>Promotional Item</u>	
	Last 4 digits of account number <u>3740</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address 8X8, Inc. Dept. 848080 Los Angeles, CA 90084-8080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,550.21
	Date(s) debt was incurred _____	Basis for the claim: <u>Phone System</u>	
	Last 4 digits of account number <u>9086</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address Accell Orthopedics, Inc PO Box 8702 Wilmington, DE 19899	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,680.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Supplies</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Flexogenix Group, Inc.
Name

Case number (if known)

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3.4	Nonpriority creditor's name and mailing address ADT Security (Cary) P.O.BOX 371878 Pittsburgh, PA 15250-7878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$481.99
	Date(s) debt was incurred _____ Last 4 digits of account number <u>5338</u>	Basis for the claim: <u>Security System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address ADT Security (CLT) P.O.BOX 371878 Pittsburgh, PA 15250-7878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36.51
	Date(s) debt was incurred _____ Last 4 digits of account number <u>7974</u>	Basis for the claim: <u>Security System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address ADT Security (Group) P.O.BOX 371878 Pittsburgh, PA 15250-7878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$166.72
	Date(s) debt was incurred _____ Last 4 digits of account number <u>0237</u>	Basis for the claim: <u>Security System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address ADT Security (LA) P.O.BOX 371878 Pittsburgh, PA 15250-7878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.42
	Date(s) debt was incurred _____ Last 4 digits of account number <u>0253</u>	Basis for the claim: <u>Security System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Alford Leasing Company P.O. BOX 90755 Raleigh, NC 27675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$433.44
	Date(s) debt was incurred _____ Last 4 digits of account number <u>F00</u>	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address AlterG 48368 Milmont Drive Fremont, CA 94538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,447.29
	Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Amazon PO BOX 960013 ORLANDO, FL 32896-0013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,101.55
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.11	Nonpriority creditor's name and mailing address American Express PO BOX 981535 El Paso, TX 79998-1535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666,495.19
	Date(s) debt was incurred _____	Basis for the claim: <u>Credit Card</u>	
	Last 4 digits of account number <u>1000</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address American Express PO BOX 981535 El Paso, TX 79998-1535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$119,198.41
	Date(s) debt was incurred _____	Basis for the claim: <u>Credit Card</u>	
	Last 4 digits of account number <u>1003</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address American Express PO BOX 981535 El Paso, TX 79998-1535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111,574.24
	Date(s) debt was incurred _____	Basis for the claim: <u>Iris Whalen credit card used for company expenses</u>	
	Last 4 digits of account number <u>2001</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Ampronix 15 Whatney Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83.30
	Date(s) debt was incurred _____	Basis for the claim: <u>Supplies</u>	
	Last 4 digits of account number <u>2502</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Anthem Blue Cross Po Box 511300 Los Angeles, CA 90051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43,443.21
	Date(s) debt was incurred _____	Basis for the claim: <u>Employee Health Premium</u>	
	Last 4 digits of account number <u>H001</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Aramark 17044 Montanero Ave Ste 4 Carson, CA 90746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,601.96
	Date(s) debt was incurred _____	Basis for the claim: <u>Supplies</u>	
	Last 4 digits of account number <u>8712</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address Aramark NC 11800 Statesville Road Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,774.37
	Date(s) debt was incurred _____	Basis for the claim: <u>Supplies</u>	
	Last 4 digits of account number <u>Multiple account numbers</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.18	Nonpriority creditor's name and mailing address Arbimed 6229 Theall Road Houston, TX 77066 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory System Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.19	Nonpriority creditor's name and mailing address Argon 13600 N. Blackwelder Avenue Oklahoma City, OK 73134 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Bainbridge Lake Crabtree 2599 Evans Road Morrisville, NC 27560 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address Bank of America PO BOX 982234 El Paso, TX 79998-2234 Date(s) debt was incurred _____ Last 4 digits of account number <u>0144</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,975.23
3.22	Nonpriority creditor's name and mailing address Besse Medical Supply 1576 Solutions Ctr Chicago, IL 60677-1005 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supply</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,217.42
3.23	Nonpriority creditor's name and mailing address Bigleaf networks 2850 SW Cedar Hills Blvd Suite 130 Beaverton, OR 97005-1354 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,322.00
3.24	Nonpriority creditor's name and mailing address Bioventus P.O. Box 732823 Dallas, TX 75373-2823 Date(s) debt was incurred _____ Last 4 digits of account number <u>1636</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803,700.00

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3.25	Nonpriority creditor's name and mailing address BizFilings 8020 Excelsior Drive Suite 200 Madison, WI 53717 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.00
3.26	Nonpriority creditor's name and mailing address Bizmatics, Inc. 4010 Moorpark Ave., # 222 San Jose, CA 95117 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,599.00
3.27	Nonpriority creditor's name and mailing address Bluevine 401 Warren Street Redwood City, CA 94063 Date(s) debt was incurred _____ Last 4 digits of account number <u>9118</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,485.00
3.28	Nonpriority creditor's name and mailing address Canon Financial Service, Inc. 14904 Collections Center Drive Chicago, IL 60693-0149 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,325.42
3.29	Nonpriority creditor's name and mailing address Capital Waste Solutions, LLC 6120 S. Yale Avenue, Suite 1250 Tulsa, OK 74136 Date(s) debt was incurred _____ Last 4 digits of account number <u>31HO</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical waste disposal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.30	Nonpriority creditor's name and mailing address Capitol Cleaning OKC LP 11625 N. Santa Fe, Suite A Oklahoma City, OK 73114 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
3.31	Nonpriority creditor's name and mailing address Carolina BioMedical Disposal, LLC PO BOX 65047 BALTIMORE, MD 21264-5047 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical waste disposal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$539.96

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3.32	Nonpriority creditor's name and mailing address Chase Freedom Card Services PO BOX 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>0369</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Iris Whalen credit card used for company expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,141.00
3.33	Nonpriority creditor's name and mailing address Chase Ink Card Services PO BOX 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>3121</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,010.37
3.34	Nonpriority creditor's name and mailing address Chase Sapphire Card Services PO BOX 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>5233</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Iris Whalen credit card used for company expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,603.52
3.35	Nonpriority creditor's name and mailing address Chase Slate Card Services PO BOX 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>7217</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Iris Whalen credit card used for company expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,503.05
3.36	Nonpriority creditor's name and mailing address CISLO&THOMAS LLP 12100 Wilshire Blvd Suite 1700 Los Angeles, CA 90025-7103 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,720.25
3.37	Nonpriority creditor's name and mailing address Citibank PO BOX 6500 Sioux Falls, SD 57117-6500 Date(s) debt was incurred _____ Last 4 digits of account number <u>1299</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,737.30
3.38	Nonpriority creditor's name and mailing address City of Los Angeles False Alarms P.O. Box 30879 Los Angeles, CA 90030-0879 Date(s) debt was incurred _____ Last 4 digits of account number <u>6110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>License fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.00

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3.39	Nonpriority creditor's name and mailing address Clark Trevithick 800 Wilshire Blvd 12th Floor Los Angeles, CA 90017 Date(s) debt was incurred _____ Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,287.61
3.40	Nonpriority creditor's name and mailing address CMGAtlantaTV P.O. Box 809036 Chicago, IL 60680-9036 Date(s) debt was incurred _____ Last 4 digits of account number <u>Flexogenix</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,150.00
3.41	Nonpriority creditor's name and mailing address COECO OF RALEIGH P.O. BOX 790448 ST. LOUIS, MO 63179-0448 Date(s) debt was incurred _____ Last 4 digits of account number <u>4235</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.86
3.42	Nonpriority creditor's name and mailing address COX business PO BOX 248851 Oklahoma City, OK 73124-8851 Date(s) debt was incurred _____ Last 4 digits of account number <u>9301</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.85
3.43	Nonpriority creditor's name and mailing address Cox Health Marketing Cox Enterprises, Inc. PO Box 809036 Chicago, IL 60680-9036 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,745.75
3.44	Nonpriority creditor's name and mailing address De Forest & Associates, Inc 1145 Artesia Boulevard, #203 Manhattan Beach, CA 90266 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,250.00
3.45	Nonpriority creditor's name and mailing address Dell Financial Services P.O. Box 5292 Carol Stream, IL 60197-5292 Date(s) debt was incurred _____ Last 4 digits of account number <u>4933</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Computer lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.72

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3.46	Nonpriority creditor's name and mailing address Diagnostic Physics Inc P.O. Box 49587 Charlotte, NC 28277 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Equipment services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.47	Nonpriority creditor's name and mailing address DJO, LLC PO BOX 650777 Dallas, TX 75265 Date(s) debt was incurred _____ Last 4 digits of account number <u>0452</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,814.44
3.48	Nonpriority creditor's name and mailing address Elite2 LLC 5 Saratoga Dr Collegeville, PA 19426 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.49	Nonpriority creditor's name and mailing address EXCEL ERROR FIX, LLC 2312 Winthrop Ave Charlotte, NC 28203 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.50	Nonpriority creditor's name and mailing address Fedex P.O. Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.02
3.51	Nonpriority creditor's name and mailing address Fidia PO Box 10341 Uniondale, NY 11555-5351 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891,150.00
3.52	Nonpriority creditor's name and mailing address Flagship Cary, LLC 2701 Coltgate Road, Suite 300 Charlotte, NC 28211 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Rent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.53	Nonpriority creditor's name and mailing address GE Healthcare P.O. BOX 640200 Pittsburgh, PA 15264-0200 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,366.49
3.54	Nonpriority creditor's name and mailing address Genzyme Corporation 62665 Collections Center Drive Chicago, IL 60693-0626 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263,553.00
3.55	Nonpriority creditor's name and mailing address George Place 4706 Mount Royal Lane Charlotte, NC 28210 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address Golden Triangle #6-Avery, LLC PO BOX 2439 Matthews, NC 28106 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address HENDRIX BUSINESS SYSTEMS, INC. 2040A INDEPENDENCE COMMERCE DR MATTHEWS, NC 28105 Date(s) debt was incurred _____ Last 4 digits of account number <u>FP07</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,984.45
3.58	Nonpriority creditor's name and mailing address Henry Schein PO Box 7156 Pasadena, CA 91109-7156 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,813.00
3.59	Nonpriority creditor's name and mailing address HOLOGIC CAPITAL PO BOX 41602 PHILADELPHIA, PA 19101-1602 Date(s) debt was incurred _____ Last 4 digits of account number <u>8969</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,077.42

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3.60	Nonpriority creditor's name and mailing address Hologic, Inc 24506 Network PI Chicago, IL 60673-1245 Date(s) debt was incurred _____ Last 4 digits of account number <u>8348</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Equipment maintenance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,680.99
3.61	Nonpriority creditor's name and mailing address HPE Financial Services Lockbox# 402582 Bank of America 8000 Feldwood Road College Park, GA 30349 Date(s) debt was incurred _____ Last 4 digits of account number <u>7095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Computer lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,427.10
3.62	Nonpriority creditor's name and mailing address Imperial P.O. BOX 150040 Tulsa, OK 74115 Date(s) debt was incurred _____ Last 4 digits of account number <u>8759</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.23
3.63	Nonpriority creditor's name and mailing address Iris Whalen 4706 Mt. Royal Lane Charlotte, NC 28210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Money loaned Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,111.77
3.64	Nonpriority creditor's name and mailing address Iron Mountain 1000 Campos Dr Collegeville, PA 19426 Date(s) debt was incurred _____ Last 4 digits of account number <u>5RTS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.92
3.65	Nonpriority creditor's name and mailing address J&J Healthcare Systems, Inc 5972 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>Multiple account numbers</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,634.84
3.66	Nonpriority creditor's name and mailing address JANI-KING OF RALEIGH/DURHAM 801 JONES FRANKLIN RD. STE 230 RALEIGH, NC 27606 Date(s) debt was incurred _____ Last 4 digits of account number <u>9002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cleaning services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00

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3.67	Nonpriority creditor's name and mailing address Jasmin Battle 1104 Hawthorne Drive Oklahoma City, OK 73110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$370.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address K&L Gates LLP P.O. BOX 844255 Boston, MA 02284-4255	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,545.50
	Date(s) debt was incurred _____	Basis for the claim: <u>Services</u>	
	Last 4 digits of account number <u>4692</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address KWTV-TV PO BOX 960042 Oklahoma City, OK 73196	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$84,715.25
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address Manning Fulton 3605 Glenwood Ave., Suite 500 Raleigh, NC 27612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$310.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Services</u>	
	Last 4 digits of account number <u>6434</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address Maple One Partners, LLC 309 Gallimore Dairy Road, Suite 102 Greensboro, NC 27409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,615.89
	Date(s) debt was incurred _____	Basis for the claim: <u>Rent</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address Matrix PO BOX 601771 Charlotte, NC 28260-1771	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,528.81
	Date(s) debt was incurred _____	Basis for the claim: <u>IT Service</u>	
	Last 4 digits of account number <u>9888</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Mayflower Transit, LLC 22262 Network Place Chicago, IL 60673-1222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,005.17
	Date(s) debt was incurred _____	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.74	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO BOX 660266 Dallas, TX 75266-0266 Date(s) debt was incurred _____ Last 4 digits of account number Multiple account numbers	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,894.23
3.75	Nonpriority creditor's name and mailing address Medasend Biomedical Inc 11258 Monarch St Garden Grove, CA 92841 Date(s) debt was incurred _____ Last 4 digits of account number N/A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
3.76	Nonpriority creditor's name and mailing address MRC PO BOX 843760 Los Angeles, CA 90084-3760 Date(s) debt was incurred _____ Last 4 digits of account number 6501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IT Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,683.80
3.77	Nonpriority creditor's name and mailing address NCMIC PO BOX 4866 Des Moines, IA 50305 Date(s) debt was incurred _____ Last 4 digits of account number 3456	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Equipment Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,358.67
3.78	Nonpriority creditor's name and mailing address News & Record PO BOX 26983 Richmond, VA 23261-6983 Date(s) debt was incurred _____ Last 4 digits of account number 8016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Advertising Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,346.00
3.79	Nonpriority creditor's name and mailing address OG&E PO BOX 24900 Oklahoma City, OK 73124-0990 Date(s) debt was incurred _____ Last 4 digits of account number 9037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.20
3.80	Nonpriority creditor's name and mailing address Organogenesis, Inc. DEPT 2542 PO BOX 122542 Dallas, TX 75312-2542 Date(s) debt was incurred _____ Last 4 digits of account number 1415	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,125.00

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3.81	Nonpriority creditor's name and mailing address Ossur Americas Inc. PO BOX 842265 Boston, MA 02284-2265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$204,974.38
	Date(s) debt was incurred Last 4 digits of account number <u>7364</u>	Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address Packard Commercial LLC 1526 S. Broadway Los Angeles, CA 90015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$33,421.47
	Date(s) debt was incurred Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address Physician Solutions, Inc PO Box 98313 Raleigh, NC 27624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38,419.88
	Date(s) debt was incurred Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Physician Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address Piedmont Natural Gas PO BOX 660920 Dallas, TX 75266-0920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$99.86
	Date(s) debt was incurred Last 4 digits of account number <u>1001</u>	Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371874 Pittsburgh, PA 15250-7874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,830.72
	Date(s) debt was incurred Last 4 digits of account number <u>Multiple account numbers</u>	Basis for the claim: <u>Postage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address Registered Agent Solutions, Inc. 1701 Directors Blvd., Suite 300 Austin, TX 78744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.00
	Date(s) debt was incurred Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Registered Agent Representation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address Ren Scott Creative 9004 Brittany Way Tampa, FL 33619	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$31,802.86
	Date(s) debt was incurred Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.88	Nonpriority creditor's name and mailing address Sandy Springs Gateway Owner, LLC PO BOX 392643 Pittsburgh, PA 15251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$31,236.73
	Date(s) debt was incurred _____	Basis for the claim: <u>Rent</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.89	Nonpriority creditor's name and mailing address Sandy Springs Locksmith PO Box 392643 Pittsburgh, PA 15251-9600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.99
	Date(s) debt was incurred _____	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address Sean P Whalen 4706 Mt. Royal Lane Charlotte, NC 28210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$237,746.29
	Date(s) debt was incurred _____	Basis for the claim: <u>Money loaned</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address Sensis, Inc. 818 S. Broadway, Suite 1100 Los Angeles, CA 90014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$146,494.00
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>Marketing services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address Shred Ace, Inc PO Box 15519 Durham, NC 27704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Services</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address Shred-it 28883 NETWORK PLACE CHICAGO, IL 60673-1288	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,031.92
	Date(s) debt was incurred _____	Basis for the claim: <u>Services</u>	
	Last 4 digits of account number <u>Multiple account numbers</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address Smart Business System 4807 Melrose Ave Los Angeles, CA 90029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$570.13
	Date(s) debt was incurred _____	Basis for the claim: <u>Copier</u>	
	Last 4 digits of account number <u>Flexog</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.95	Nonpriority creditor's name and mailing address Smith Anderson Blount Dorsett Mitchell & Jernigan PO Box 2611 Raleigh, NC 27602 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,451.75
3.96	Nonpriority creditor's name and mailing address Stanford Dosimetry LA 1204 Raymond St Bellingham, WA 90014 Date(s) debt was incurred _____ Last 4 digits of account number <u>2927</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,431.00
3.97	Nonpriority creditor's name and mailing address Staples Advantage Dept LA PO Box 83689 Chicago, IL 60696-3689 Date(s) debt was incurred _____ Last 4 digits of account number <u>5354</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,644.08
3.98	Nonpriority creditor's name and mailing address Stericycle P.O.BOX 6578 Carol Stream, IL 60197-6578 Date(s) debt was incurred _____ Last 4 digits of account number <u>1688</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical waste disposal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,288.09
3.99	Nonpriority creditor's name and mailing address Stratus Video , LLC PO BOX 674954 DETROIT, MI 48267-4954 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.100	Nonpriority creditor's name and mailing address Technonology Unlimited Inc P.O. Box 721548 Oklahoma City, OK 73172-1548 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.60
3.101	Nonpriority creditor's name and mailing address The Charlotte Observer PO BOX 3026 Livonia, MI 48151 Date(s) debt was incurred _____ Last 4 digits of account number <u>9165</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,933.96

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3.102	Nonpriority creditor's name and mailing address The News & Observer 215 S. McDowell St Raleigh, NC 27601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,212.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>2235</u>	Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address TOG Langer Biomechanics Cary 160 Markland St Markham, ON L6C 0C6	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$555.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>5641</u>	Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address TOG Langer Biomechanics CLT 160 Markland St Markham, ON L6C 0C6	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$742.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>5790</u>	Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	Nonpriority creditor's name and mailing address TOG Langer Biomechanics LA 160 Markland St Markham, ON L6C 0C6	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>6291</u>	Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address Tower Lakes, LLC 9120 N. Kelly Avenue Oklahoma City, OK 73131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address United Pet Care LLC 24361 El Toro Rd., Ste. 255 Laguna Woods, CA 92637	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$214.20
	Date(s) debt was incurred _____ Last 4 digits of account number <u>1352</u>	Basis for the claim: <u>Insurance (Employee Benefits)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address V-Corp Contracting Services, Inc. 1198 N Knollwood Cir Anaheim, CA 92801-1307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$693.00
	Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.109	Nonpriority creditor's name and mailing address Valpak of the Triad PO BOX 936531 Atlanta, GA 31193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	Nonpriority creditor's name and mailing address Wayfair Supply 4 Copley Place, Floor 7 Boston, MA 02116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$526.53
	Date(s) debt was incurred _____	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	Nonpriority creditor's name and mailing address Wcnc-Tv, Inc. 1001 Woodrdg Ctr Dr Charlotte, NC 28217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$65,641.25
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>4214</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.112	Nonpriority creditor's name and mailing address WFMY PO BOX 637386 Cincinnati, OH 45263-7286	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29,650.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>4214</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	Nonpriority creditor's name and mailing address WNCN 33096 Collections Center Drive Chicago, IL 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74,810.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>N/A</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address WSB-TV Cox Enterprises, Inc. PO BOX 809036 Chicago, IL 60680-9036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$71,563.83
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>220D</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address WSOC-TV PO BOX 809229 Chicago, IL 60680-9229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,450.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>220D</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Flexogenix Group, Inc. Case number (if known) 2:19-bk-12927

Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bluevine 830 3rd Street Gretna, LA 70053	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Bluevine 111 Town Square Place Jersey City, NJ 07310	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	The News & Observer PO BOX 3022 Livonia, MI 48151	Line <u>3.102</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,427,368.27</u>
5b.	+ \$ <u>5,042,299.03</u>
5c.	\$ <u>6,469,667.30</u>

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease of apartment located 2599 Evans Road, #119, Morrisville, NC 27560

State the term remaining

1 Month

List the contract number of any government contract

**Bainbridge NC Management, LLC
2599 Evans Road
Morrisville, NC 27560**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Auto lease of 2019 Maserati Levante, approx 1,000 miles

State the term remaining

2 years, 6 months

List the contract number of any government contract

**Chase Auto
PO BOX 901076
Fort Worth, TX 76101-2076**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Lease of apartment located at 13600 N. Blackwelder Avenue, #449, Oklahoma City, OK 73134

State the term remaining

8 Months

List the contract number of any government contract

**CN Chisholm Creek, LP
13600 N. Blackwelder Avenue
Oklahoma City, OK 73120**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 400 Ashville Avenue, Suite 330, Cary, NC 27518

State the term remaining

2 years 5 months

List the contract number of any government contract

**Flagship Cary, LLC
2701 Coltsgate Road, Suite 300
Charlotte, NC 28211**

Debtor 1 **Flexogenix Group, Inc.**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Lease of apartment located at 4706 Mt. Royal Lane, Charlotte, NC 28210

State the term remaining

1 Month

List the contract number of any government contract

**George Place
4445 Northside Parkway NW #286
Atlanta, GA 30327**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 6836 Morrison Blvd., Suite 101, Charlotte, NC 28211

State the term remaining

4 years

List the contract number of any government contract

**Golden Triangle #6-Avery, LLC
c/o Levine Properties
8514 McAlpine Park Drive, Suite 190
Charlotte, NC 28211**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space currently under construction located at 1100 Kildaire Park Drive, Cary, NC 27518

State the term remaining

**Healthpark at Kildaire MOB II, LLC
Attn: Jay Johnson, Manager
1436 Ridge Road
Raleigh, NC 27607**

List the contract number of any government contract

2.8. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for HP computers and laptops at Charlotte, NC, Cary, NC, and Atlanta, GA locations**1 year, 2 months**

State the term remaining

**Hewlett-Packard Financial Services Company
200 Connell Drive, Suite 5000
Berkeley Heights, NJ 07922**

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for HP computers and laptop at Los Angeles, CA, Charlotte, NC, and Cary, NC locations**2 years, 3 months**

State the term remaining

**Hewlett-Packard Financial Services Company
200 Connell Drive, Suite 5000
Berkeley Heights, NJ 07922**

List the contract number of any government contract

Debtor 1 **Flexogenix Group, Inc.**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for three (3) Hologic Insight 2 Surgical Mini C-Arm Fluoroscopic systems located at Oklahoma City, OK, Greensboro, NC, and Charlotte, NC locations

State the term remaining

2 years, 2 month**HOLOGIC CAPITAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602**

List the contract number of any government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for one (3) Hologic Insight 2 Surgical Mini C-Arm Fluoroscopic systems located at Charlotte, NC location

State the term remaining

2 years, 2 month**HOLOGIC CAPITAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602**

List the contract number of any government contract

2.12. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for two (2) Hologic Insight 2 Surgical Mini C-Arm Fluoroscopic systems located at Greensboro, NC location

State the term remaining

2 years, 3 months**HOLOGIC CAPITAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602**

List the contract number of any government contract

2.13. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement for three (3) Hologic Insight 2 Surgical Mini C-Arm Fluoroscopic systems located at Atlanta, GA location

State the term remaining

3 years, 3 months**HOLOGIC CAPITAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602**

List the contract number of any government contract

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Auto Lease
2019 Kia Sorrento
Approx. 5,000 miles**

State the term remaining

2 years, 7 months**Kia Motors Finance
PO BOX 20825
Fountain Valley, CA 92728-0825**

List the contract number of any

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.15. State what the contract or lease is for and the nature of the debtor's interest

License agreement with L.A. Arena Funding for 2 Premier Seat season tickets at Staples Center 3 years, 6 months

State the term remaining

List the contract number of any government contract

**L.A. Arena Company, LLC
1111 S. Figueroa St., Suite 3100
Los Angeles, CA 90015**

2.16. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 1414 Yanceyville Street, Suite 200, Greensboro, NC 27405

State the term remaining

List the contract number of any government contract

**Maple One Partners, LLC
c/o Samet Properties, LLC
309 Gallimore Dairy Road, Suite 102
Greensboro, NC 27409**

2.17. State what the contract or lease is for and the nature of the debtor's interest

**Auto Lease
2018 Mercedes C300
Approx. 6,000 miles**

State the term remaining

List the contract number of any government contract

**Mercedes-Benz Financial Services
PO BOX 685
Roanoke, TX 76262**

2.18. State what the contract or lease is for and the nature of the debtor's interest

Financing Agreement for 1 Dicom Portable Ultrasound located at Atlanta Clinic 1 year, 10 months

State the term remaining

List the contract number of any government contract

**NCMIC Finance Corporation
14001 University Avenue
Clive, IA 50325**

2.19. State what the contract or lease is for and the nature of the debtor's interest

Financing agreement for funds to purchase gym equipment for Charlotte location 2 years, 2 months

State the term remaining

List the contract number of any government contract

**NCMIC Finance Corporation
14001 University Avenue
Clive, IA 50325**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 1000 S. Hope Street, Suite 101, Los Angeles, CA 90015

State the term remaining

2 years 6 months**Packard Commercial LLC
1526 S. Broadway
Los Angeles, CA 90015**

List the contract number of any government contract

2.21. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 1000 S. Hope Street, Suite 103, Los Angeles, CA 90015

State the term remaining

2 years 6 months**Packard Commercial LLC
1526 S. Broadway
Los Angeles, CA 90015**

List the contract number of any government contract

2.22. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 4600 Roswell Road, Unit E210, Atlanta, GA 30342

State the term remaining

5 years 11 months**Sandy Springs Gateway Owner, LLC
c/o Core Property Mgmt, LLC
410 Peachtree Parkway, Suite 4165
Cumming, GA 30041**

List the contract number of any government contract

2.23. State what the contract or lease is for and the nature of the debtor's interest

Master service agreement for marketing services

State the term remaining

**Sensis, Inc.
818 S. Broadway, Suite 1100
Los Angeles, CA 90014**

List the contract number of any government contract

2.24. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial space located at 9300 N. Kelley Avenue, Oklahoma City, OK 73131

State the term remaining

9 years 6 months**Tower Lakes LLC
9120 N. Kelley Avenue, Suite 100
Oklahoma City, OK 73131**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Business Merchant Funding	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Franklin Funding Group, LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	In Advance Capital, LLC	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Influx Capital LLC	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor

Flexogenix Group, Inc.

Case number (if known)

2:19-bk-12927

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Yes Capital Group, LLC	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Franklin Funding Group, LLC	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.12	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Business Merchant Funding	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor

Flexogenix Group, Inc.

Case number (if known)

2:19-bk-12927

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Franklin Funding Group, LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.15	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	In Advance Capital, LLC	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.16	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Influx Capital LLC	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.17	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Yes Capital Group, LLC	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.18	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.19	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.20	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.21	Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Complete Business Solutions Group,	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor

Flexogenix Group, Inc.

Case number (if known)

2:19-bk-12927

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22 **Sean P. Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 Franklin Funding
Group, LLC D 2.8
 E/F _____
 G _____

2.23 **Iris Whalen** 4706 Mount Royal Lane
Charlotte, NC 28210 Packard Commercial
LLC D _____
 E/F _____
 G 2.21
Guaranty of Lease of commercial space
located at 1000 S. Hope Street, Suite 103,
Los Angeles, CA 90015

2.24 **Iris Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 Packard Commercial
LLC D _____
 E/F _____
 G 2.20
Guaranty of Lease of commercial space
located at 1000 S. Hope St., Suite 101, Los
Angeles, CA 90015

2.25 **Iris Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 NCMIC Finance
Corporation D _____
 E/F _____
 G 2.18

2.26 **Iris Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 NCMIC Finance
Corporation D _____
 E/F _____
 G 2.19

2.27 **Iris Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 Flagship Cary, LLC D _____
Guaranty of Lease of commercial space
located at 400 Ashville Avenue, Cary, NC
27518 E/F _____
 G 2.4

2.28 **Iris Whalen** 4706 Mt. Royal Lane
Charlotte, NC 28210 Rusnak/Pasadena D _____
 E/F _____
 G 2.2

Debtor

Flexogenix Group, Inc.

Case number (if known)

2:19-bk-12927

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.29	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Kia Motors Finance	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.14</u>
2.30	Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Mercedes-Benz Financial Services	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.17</u>
2.31	Paul Mogannam	1000 S. Westgate Avenue #201 Los Angeles, CA 90049 Guaranty of Lease of commercial space located at 400 Ashville Avenue, Cary, NC 27518	Flagship Cary, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
2.32	Paul Mogannam	1000 S. Westgate Avenue #201 Los Angeles, CA 90049 Guaranty of Lease of commercial space located at 1000 S. Hope Street, Suite 101, Los Angeles, CA 90015	Packard Commercial LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.20</u>
2.33	Paul Mogannam	1000 S. Westgate Avenue #201 Los Angeles, CA 90049 Guaranty of Lease of commercial space located at 1000 S. Hope Street, Suite 103, Los Angeles, CA 90015	Packard Commercial LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.21</u>
2.34	Whalen Medical Corporation	1000 S. Hope Street, Suite 103 Los Angeles, CA 90015 Guaranty of Lease of commercial space located at 1000 S. Hope St., Suite 103, Los Angeles, CA 90015	Packard Commercial LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.21</u>
2.35	Whalen Medical Corporation	1000 S. Hope St., Suite 103 Los Angeles, CA 90015 Guaranty of Lease of commercial space located at 1000 S. Hope St., Suite 101, Los Angeles, CA 90015	Packard Commercial LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.20</u>

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2019



Signature of individual signing on behalf of debtor

Iris Whalen

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Flexogenix Group, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES
DIVISION

Case number (if known) 2:19-bk-12927

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2019 to Filing Date

Operating a business
 Other _____

\$10,430.77

For prior year:
From 1/01/2018 to 12/31/2018

Operating a business
 Other _____

Unknown

For year before that:
From 1/01/2017 to 12/31/2017

Operating a business
 Other _____

\$10,042,658.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Accell Orthopedics, Inc PO Box 8702 Wilmington, DE 19899	12/24/2018 - \$2,960.00 1/2/2019 - \$2,960.00 1/30/2019 - \$2,960.00 1/30/2019 - \$13,301.73	\$22,181.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. CMGAtlantaTV P.O. Box 809036 Chicago, IL 60680-9036	1/29/2019	\$31,033.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Advertising</u>
3.3. De Forest & Associates, Inc 1145 Artesia Boulevard, #203 Manhattan Beach, CA 90266	2/5/2019 - \$11,250.00 2/5/2019 - \$11,250.00	\$22,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. 8x8, Inc. Quynh Vu Dept. 848080 Los Angeles, CA 90084	12/31/2018 - \$3,468.00 2/11/2019 - \$3,493.12	\$6,961.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. American Express PO BOX 981535 El Paso, TX 79998-1535	Various	\$843,669.55	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. Anthem Blue Cross Po Box 511300 Los Angeles, CA 90051	2/7/2019	\$40,333.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. Chase Card Services PO BOX 15298 Wilmington, DE 19850	Various	\$332,750.83	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.8. Daniel Stark 10440 North Central Expressway Suite 800 Dallas, TX 75231	12/31/2018 - \$6,000.00 2/1/2019 - \$6,000.00 3/4/2019 - \$6,000.00	\$18,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.9. Eugene Walsh Clark Trevithick 800 Wilshire Blvd., 12th Floor Los Angeles, CA 90017	12/21/2018 - \$3,000.00 12/28/2018 - \$3,000.00 1/18/2019 - \$10,000.00 1/14/2019 - \$3,000.00 1/18/2019 - \$3,000.00 1/22/2019 - \$3,000.00 1/25/2019 - \$3,000.00 2/1/2019 - \$3,000.00	\$31,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 Flagship Cary, LLC 2701 Coltgate Road, Suite 300 Charlotte, NC 28211	12/31/2018 - \$13,581.35 2/4/2019 - \$13,581.35	\$27,162.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.11 Franklin Funding Group, LLC 1425 37th St., #557 Brooklyn, NY 11218	Various	\$442,705.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.12 Gateway EDI, LLC 501 N. Broadway, 3rd Floor Saint Louis, MO 63102	12/20/2018 - \$3,130.79 1/22/2019 - \$3,324.37 2/20/2019 - \$3,084.67	\$9,539.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.13 Golden Triangle #6-Avery, LLC c/o Levine Properties 8514 McAlpine Park Drive, Suite 190 Charlotte, NC 28211	1/2/2019 - \$60.00 1/2/2019 - \$14,265.24 2/1/2019 - \$14,265.24	\$28,590.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.14 HOP Capital, LLC 323 Sunny Isles Blvd., #602 Sunny Isles Beach, FL 33160	2/4/2019	\$400,000.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.15 In Advance Capital, LLC 1233 48th Street Brooklyn, NY 11219	Various	\$31,372.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **Flexogenix Group, Inc.**Case number (if known) **2:19-bk-12927**

Creditor's Name and Address		Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.16	Influx Capital LLC 32 Court Street, Suite 205 Brooklyn, NY 11201	Various	\$87,940.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.17	IRS Department of the Treasury PO Box 7346 Philadelphia, PA 19101	12/21/2018	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.18	J&J Healthcare Systems, Inc 5972 Collections Center Dr Chicago, IL 60693	1/3/2019 - \$5,399.80 1/3/2019 - \$7,383.40 1/22/2019 - \$10,799.60 1/22/2019 - \$5,730.40 2/5/2019 - \$1,212.20 2/12/2019 - \$8,044.60	\$38,570.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.19	KWTV-TV PO BOX 960042 Oklahoma City, OK 73196	1/28/2019	\$24,293.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Advertising</u>
3.20	Maple One Partners, LLC 309 Gallimore Dairy Road, Suite 102 Greensboro, NC 27409	1/7/2019 - \$11,615.89 2/1/2019 - \$11,615.89	\$23,231.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.21	North Carolina Dept. of Revenue PO BOX 25000 Raleigh, NC 27640-0640	12/20/2018 - \$15,784.00 12/20/2018 - \$744.26 1/22/2019 - \$16,528.26 2/20/2019 - \$16,523.26	\$49,584.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.22	Sandy Springs Gateway Owner, LLC c/o Core Property Mgmt, LLC 410 Peachtree Parkway, Suite 4165 Cumming, GA 30041	12/31/2018 - \$31,236.73 2/4/2019 - \$31,236.73	\$62,473.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>

Debtor Flexogenix Group, Inc.Case number (if known) 2:19-bk-12927

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.23 United Healthcare Insurance Company Attn: UHC/CDM 185 Asylum Street Hartford, CT 06103	1/3/2019	\$38,853.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.24 Venice Investment 1526 S. Broadway Los Angeles, CA 90015	1/7/2019 - \$26,178.75 1/7/2019 - \$5,606.85 2/5/2019 - \$24,078.75 2/5/2019 - \$5,606.85	\$61,471.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.25 WSB-TV Cox Enterprises, Inc. PO BOX 809036 Chicago, IL 60680-9036	1/29/2019	\$27,008.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Advertising</u>
3.26 Watermarke Tower 705 W. 9th Street Los Angeles, CA 90015	1/2/2019 - \$5,604.74 2/1/2019 - \$5,620.75	\$11,225.49	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.27 HOLOGIC CAPITAL PO BOX 41602 PHILADELPHIA, PA 19101-1602	1/3/2019 - \$4,227.666 1/8/2019 - \$9,370.24 2/4/2019 - \$4,227.66 2/6/2019 - \$8,949.92 3/4/2019 - \$4,227.66	\$31,003.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease of Equipment</u>
3.28 Law Office of Kenneth H Dramer 626 RXR Plaza West Tower 6th Floor Uniondale, NY 11556	2/19/2019	\$13,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.29 Bank of America PO BOX 982234 El Paso, TX 79998-2234	12/31/2018	\$371,680.08	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor Flexogenix Group, Inc.

Creditor's Name and Address		Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.30	Paul Mogannam 1000 S. Westgate Avenue #201 Los Angeles, CA 90049	Various	\$104,620.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Loan repayment to former shareholder</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

Insider's name and address Relationship to debtor		Dates	Total amount of value	Reasons for payment or transfer
4.1.	Iris Whalen 4706 Mount Royal Lane Charlotte, NC 28210 CEO	Various	\$262,188.00	Salary Compensation and Perquisites
4.2.	Sean Whalen 4706 Mount Royal Lane Charlotte, NC 28210 Director	Various	\$327,830.83	Salary Compensation, perquisites and loan repayment
4.3.	Logan O Tufts 700 Maroubra Loop APT 7302 Cary, NC 27513 Employee/Family member of Shareholder	Various	\$46,151.62	Salary compensation and perquisites

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Kevin Ball v. Flexogenix Clinic; Flexogenix Group, Inc., a California Corporation; Tony Tongyu Liu, D.O., M.P.H.; Depuy Synthes Products, Inc., a New Jersey Corporation; and Does 1 through 25, Inclusive BC675835	Medical Malpractice	Los Angeles Superior Court 111 North Hill Street Los Angeles, CA 90012	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Debtor **Flexogenix Group, Inc.**Case number (if known) 2:19-bk-12927

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Margulies Faith LLP 16030 Ventura Blvd., Ste. 470 Encino, CA 91436	Pre-petition attorney fees (including filing fees): \$22,850.50 Retainer: \$77,149.50	3/12/2019	\$100,000.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.

Personal information for medical practices

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No Go to Part 10. Yes. Fill in below:

Name of plan

Flexogenix Group, Inc. 401(k) Plan

Employer identification number of the plan

EIN: 47-3082975

Has the plan been terminated?

 No Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Dates business existed	

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Scott A. Freeman, CPA Levy, Sapin, Ko & Freeman, Certified Public Accountants, Inc. 4221 Wilshire Blvd., Suite 430 Los Angeles, CA 90010	9/2017 to present

Name and address**Date of service
From-To****8/2017 to present**

26a.2. **Daniel Stark, CPA**
10440 North Central Expressway
Suite 800
Dallas, TX 75231

26a.3. **Vivian Chen**
1000 S. Hope St., Ste. 103
Los Angeles, CA 90015

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None**Name and address****Date of service
From-To****9/2017 to present**

26b.1. **Scott A. Freeman, CPA**
Levy, Sapin, Ko & Freeman, Certified
Public Accounts, Inc.
4221 Wilshire Blvd., Suite 430
Los Angeles, CA 90010

Name and address**Date of service
From-To****8/2017 to present**

26b.2. **Daniel Stark**
10440 North Central Expressway
Suite 800
Dallas, TX 75231

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**

26d.1. **Metro Advance Inc.**
400 Continental Blvd
El Segundo, CA 90245

26d.2. **Dr. Bao Nguyen**
555 Pier Avenue, Suite #1
Hermosa Beach, CA 90254

26d.3. **1st Global Capital, LLC**
1250 E. Hallandale Beach Blvd.
Suite 409
Hallandale Beach, FL 33009

26d.4. **Empower Group**
366 N. Broadway Ste 410
Jericho, NY 11753

26d.5. **Mass Capital Access**
4000 Hollywood Blvd, Suite 285S
Hollywood, FL 33021

Name and address

26d.6. **TCA Global Fund**
19950 W Country Club Dr #101
Aventura, FL 33180

26d.7. **Blue Rock Capital**
95 Main Ave
Clifton, NJ 07014

26d.8. **Black Rock Capital Group**
300 Delaware Avenue, Suite 210-A
Wilmington, DE 19801

26d.9. **Small Business Community Capital**
9W Broad Street, Suite 530
Stamford, CT 06902

26d.10. **Yellowstone Capital, LLC**
1 Evertrust Plaza, 14th Floor
Jersey City, NJ 07302

26d.11. **Times Square Consulting**
W 57th St
New York, NY 10019

26d.12. **Lighthouse Business Capital**
2520 Coral Way, Suite 2143
Coral Gables, FL 33145

26d.13. **Wilshire Pacific Capital Advisors, LLC**
8447 WILSHIRE BLVD., SUITE 202
Beverly Hills, CA 90211

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Iris Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	CEO/CFO/Shareholder	82.5%
Sean P. Whalen	4706 Mt. Royal Lane Charlotte, NC 28210	Director/Shareholder	15%
Jack Miletic	420 Washington Avenue, Apt. 203 Santa Monica, CA 90403	Shareholder	1%
Thomas Howard	2754 Lake Waccamaw Trail Apex, NC 27502	Shareholder	1.5%

Debtor Flexogenix Group, Inc.

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
James Ho	2007 Waltham Lane Charlotte, NC 28270	Former Shareholder	4/2017 to 3/2018
Paul Mogannam	1000 S. Westgate Avenue #201 Los Angeles, CA 90049	Former Shareholder	1/2015 to 12/2016

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Iris Whalen 4706 Mt. Royal Lane Charlotte, NC 28210	See Item #4		
Relationship to debtor CEO/CFO			
30.2 Sean P. Whalen 4706 Mt. Royal Lane Charlotte, NC 28210	See Item #4		
Relationship to debtor			
30.3 Logan O Tufts 700 Maroubra Loop APT 7302 Cary, NC 27513	See Item #4		
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

Debtor Flexogenix Group, Inc.

Case number (if known) 2:19-bk-12927

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund

Flexogenix Group, Inc. 401(k) Plan

Employer identification number of the parent corporation

EIN: **47-3082975**

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2019



Signature of individual signing on behalf of the debtor

Iris Whalen

Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address JEREMY W. FAITH (State Bar No. 190647) Jeremy@MarguliesFaithlaw.com MONSI MORALES (State Bar No. 235520) Monsi@MarguliesFaithlaw.com MARGULIES FAITH, LLP 16030 Ventura Blvd., Suite 470 Encino, CA 91436 Telephone: (818) 705-2777 Facsimile: (818) 705-3777	FOR COURT USE ONLY
<input checked="" type="checkbox"/> Attorney for: Flexogenix Group, Inc.	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
In re: Flexogenix Group, Inc.	CASE NO.: 2:19-bk-12927-BR ADVERSARY NO.: CHAPTER: 11
Debtor(s).	CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4
Plaintiff(s),	
Defendant(s).	[No hearing]

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Iris Whalen, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

I am the president or other officer or an authorized agent of the Debtor corporation
 I am a party to an adversary proceeding
 I am a party to a contested matter
 I am the attorney for the Debtor corporation

2.a. The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

Iris Whalen - 82.5%

Sean P. Whlaen - 15%

[For additional names, attach an addendum to this form.]

b. There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: June 6, 2019

By: 
Iris Whalen
Signature of Debtor, or attorney for Debtor

Name: Iris Whalen, CEO

Printed name of Debtor, or attorney for Debtor

**United States Bankruptcy Court
Central District of California - Los Angeles Division**

In re **Flexogenix Group, Inc.**

Debtor(s)

Case No. **2:19-bk-12927**
Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **n/a**
Prior to the filing of this statement I have received \$ **100,000.00***
Balance Due \$ **--**

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 6, 2019

Date

/s/ Jeremy W. Faith

Jeremy W. Faith

Signature of Attorney

Margulies Faith LLP

16030 Ventura Blvd., Suite 470

Encino, CA 91436

(818) 705-2777 Fax: (818) 705-3777

Jeremy@MarguliesFaithLaw.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Jeremy W. Faith (SBN 190647) 16030 Ventura Blvd., Suite 470 Encino, CA 91436 (818) 705-2777 Fax: (818) 705-3777 Jeremy@MarguliesFaithLaw.com	FOR COURT USE ONLY
<input type="checkbox"/> <i>Debtor(s) appearing without an attorney</i> <input checked="" type="checkbox"/> <i>Attorney for Debtor</i>	

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION**

In re: Flexogenix Group, Inc.	CASE NO.: 2:19-bk-12927 CHAPTER: 11
	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]
Debtor(s).	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 30 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: June 6, 2019



Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable)

Date: _____

Signature of Attorney for Debtor (if applicable)

4imprint
101 Commerce St
PO Box 320
Oshkosh, WI 54901

8X8, Inc.
Dept. 848080
Los Angeles, CA 90084-8080

Accell Orthopedics, Inc
PO Box 8702
Wilmington, DE 19899

Adrienne A Haskins
45210 W Highway 51
Jennings, OK 74038

ADT Security (Cary)
P.O.BOX 371878
Pittsburgh, PA 15250-7878

ADT Security (CLT)
P.O.BOX 371878
Pittsburgh, PA 15250-7878

ADT Security (Group)
P.O.BOX 371878
Pittsburgh, PA 15250-7878

ADT Security (LA)
P.O.BOX 371878
Pittsburgh, PA 15250-7878

Aeisha S Allen
11163 Foxhaven Dr
Charlotte, NC 28277

Alexis Cox
104 Twin Oaks Pl
Goldsboro, NC 27530

Alford Leasing Company
P.O. BOX 90755
Raleigh, NC 27675

Aliya Cromwell
283 Silver Ridge Dr
Dallas, GA 30157

AlterG
48368 Milmont Drive
Fremont, CA 94538

Amanda K Caudill
133 W 36Th St
Long Beach, CA 90807

Amazon
PO BOX 960013
ORLANDO, FL 32896-0013

Amber E Price
817 Rankin Pl
Greensboro, NC 27403

American Express
PO BOX 981535
El Paso, TX 79998-1535

Ampronix
15 Whatney
Irvine, CA 92618

Angelina Evans
1749 N Serrano Ave Apt 207
Los Angeles, CA 90027

Anna Gordea
109 Holly Bay Ln
Holly Springs, NC 27540

Anthem Blue Cross
Po Box 511300
Los Angeles, CA 90051

Aramark
17044 Montanero Ave Ste 4
Carson, CA 90746

Aramark NC
11800 Statesville Road
Huntersville, NC 28078

Arbimed
6229 Theall Road
Houston, TX 77066

Argon
13600 N. Blackwelder Avenue
Oklahoma City, OK 73134

Bainbridge Lake Crabtree
2599 Evans Road
Morrisville, NC 27560

Bainbridge NC Management, LLC
2599 Evans Road
Morrisville, NC 27560

Bank of America
PO BOX 982234
El Paso, TX 79998-2234

Besse Medical Supply
1576 Solutions Ctr
Chicago, IL 60677-1005

Beth Gichuhi
6310 Daybrook Cir Apt 303
Raleigh, NC 27606

Bigleaf networks
2850 SW Cedar Hills Blvd Suite 130
Beaverton, OR 97005-1354

Bioventus
P.O. Box 732823
Dallas, TX 75373-2823

BizFilings
8020 Excelsior Drive
Suite 200
Madison, WI 53717

Bizmatics, Inc.
4010 Moorpark Ave., # 222
San Jose, CA 95117

Bluevine
401 Warren Street
Redwood City, CA 94063

Bluevine
830 3rd Street
Gretna, LA 70053

Bluevine
111 Town Square Place
Jersey City, NJ 07310

Branden Ford
3715 Debelle St
Clarkston, GA 30021

Brandia Sanders
322 Newcastle Ave
Lincolnton, NC 28092

Business Merchant Funding
680 Central Avenue
Cedarhurst, NY 11516

Canon Financial Service, Inc.
14904 Collections Center Drive
Chicago, IL 60693-0149

Capital Waste Solutions, LLC
6120 S. Yale Avenue, Suite 1250
Tulsa, OK 74136

Capitol Cleaning OKC LP
11625 N. Santa Fe, Suite A
Oklahoma City, OK 73114

Carolina BioMedical Disposal, LLC
PO BOX 65047
BALTIMORE, MD 21264-5047

Charlene Adkisson
7901 S Council Rd #256
Oklahoma City, OK 73169

Chase Auto
PO BOX 901076
Fort Worth, TX 76101-2076

Chase Freedom
Card Services
PO BOX 15298
Wilmington, DE 19850

Chase Ink
Card Services
PO BOX 15298
Wilmington, DE 19850

Chase Sapphire
Card Services
PO BOX 15298
Wilmington, DE 19850

Chase Slate
Card Services
PO BOX 15298
Wilmington, DE 19850

Cheri Dickinson
1105 Garden Lake Dr
Riverdale, GA 30296

CISLO&THOMAS LLP
12100 Wilshire Blvd Suite 1700
Los Angeles, CA 90025-7103

Citibank
PO BOX 6500
Sioux Falls, SD 57117-6500

City of Los Angeles
Office of Finance
PO BOX 30879
Los Angeles, CA 90030-0879

City of Los Angeles False Alarms
P.O. Box 30879
Los Angeles, CA 90030-0879

Clark Trevithick
800 Wilshire Blvd 12th Floor
Los Angeles, CA 90017

CMGAtlantaTV
P.O. Box 809036
Chicago, IL 60680-9036

CN Chisholm Creek, LP
13600 N. Blackwelder Avenue
Oklahoma City, OK 73120

COECO OF RALEIGH
P.O. BOX 790448
ST. LOUIS, MO 63179-0448

Complete Business Solutions Group,
22 N. 3rd Street
Philadelphia, PA 19106

Connor J McClanahan
5032 Newcastle Rd
Raleigh, NC 27606

COX business
PO BOX 248851
Oklahoma City, OK 73124-8851

Cox Health Marketing
Cox Enterprises, Inc.
PO Box 809036
Chicago, IL 60680-9036

Daisy Anaya
7029 Denver Ave
Los Angeles, CA 90044

David Fogel
David Fogel, P.C.
1225 Franklin Avenue
Suite 522
Garden City, NY 11530-1753

David Gerber
1913 Goldenrod Lane
Midwest City, OK 73130

De Forest & Associates, Inc
1145 Artesia Boulevard, #203
Manhattan Beach, CA 90266

Dell Financial Services
P.O. Box 5292
Carol Stream, IL 60197-5292

Derek Medeiros
10127 Oxford Landing Ln
Charlotte, NC 28270

Desiree K Jones
947 Wind Carved Ln
Monroe, NC 28110

Diagnostic Physics Inc
P.O. Box 49587
Charlotte, NC 28277

Diara Gross
235 Lincoln Court Avenue
NE Brookhaven, GA 30329

Dinoshka Acevedo
5174 Martin Luther King Jr Blv
Lynwood, CA 90262

DJO, LLC
PO BOX 650777
Dallas, TX 75265

Doretta H Lawson
4830 Tony Dr
Trinity, NC 27370

Elisabeth S Barnes
1816 N McDowell St.
Apt #1
Charlotte, NC 28205

Elite2 LLC
5 Saratoga Dr
Collegeville, PA 19426

Erin Boyd
3844 Northwest 36th Street
Oklahoma City, OK 73112

EXCEL ERROR FIX, LLC
2312 Winthrop Ave
Charlotte, NC 28203

Fedex
P.O. Box 7221
Pasadena, CA 91109-7321

Fidia
PO Box 10341
Uniondale, NY 11555-5351

Flagship Cary, LLC
2701 Coltgate Road, Suite 300
Charlotte, NC 28211

Franchise Tax Board
Attn: Bankruptcy
P.O. Box 2952
Sacramento, CA 95812-2952

Franklin Funding Group, LLC
1425 37th St., #557
Brooklyn, NY 11218

GE Healthcare
P.O. BOX 640200
Pittsburgh, PA 15264-0200

Genzyme Corporation
62665 Collections Center Drive
Chicago, IL 60693-0626

George Place
4706 Mount Royal Lane
Charlotte, NC 28210

George Place
4445 Northside Parkway NW #286
Atlanta, GA 30327

Golden Triangle #6-Avery, LLC
PO BOX 2439
Matthews, NC 28106

Golden Triangle #6-Avery, LLC
c/o Levine Properties
8514 McAlpine Park Drive, Suite 190
Charlotte, NC 28211

Grace Fantetti
3498 Panarama Dr
Greensboro, NC 27405

Guadalupe Acevedo Tirado
15 Tucker Farm Cir
Angier, NC 27501

Haley Saul
20 Craig Court
Mebane, NC 27302

Harry Pinckney
6521 Monroe Rd
Apt 102
Charlotte, NC 28212

Healthpark at Kildaire MOB II, LLC
Attn: Jay Johnson, Manager
1436 Ridge Road
Raleigh, NC 27607

Heidi Hall
28437 Cr 87
Robertsdale, AL 36567

HENDRIX BUSINESS SYSTEMS, INC.
2040A INDEPENDENCE COMMERCE DR
MATTHEWS, NC 28105

Henry Schein
PO Box 7156
Pasadena, CA 91109-7156

Hewlett-Packard Financial Services
Company
200 Connell Drive, Suite 5000
Berkeley Heights, NJ 07922

Holly A Stubbins
5515 Mcwhorter Rd
Waxhaw, NC 28173

HOLOGIC CAPITAL
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Hologic, Inc
24506 Network Pl
Chicago, IL 60673-1245

HPE Financial Services
Lockbox# 402582
Bank of America
8000 Feldwood Road
College Park, GA 30349

Imperial
P.O. BOX 150040
Tulsa, OK 74115

In Advance Capital, LLC
1233 48th Street
Brooklyn, NY 11219

Influx Capital LLC
32 Court Street, Suite 205
Brooklyn, NY 11201

Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Iqra Ahmed
800 North Oklahoma Avenue
Oklahoma City, OK 73104

Iris Whalen
4706 Mount Royal Lane
Charlotte, NC 28210

Iris Whalen
4706 Mt. Royal Lane
Charlotte, NC 28210

Iron Mountain
1000 Campos Dr
Collegeville, PA 19426

J&J Healthcare Systems, Inc
5972 Collections Center Dr
Chicago, IL 60693

Jack Miletic
420 Washington Ave Apt 203
Santa Monica, CA 90403

Jacqueline Puello
2112 Thornfield Rd
Charlotte, NC 28217-7936

James Villaruz
647 West Duarte Road
Apt. A
Monrovia, CA 91016

Jana Norton
503 East Lockheed Drive
Midwest City, OK 73110

Janet B Sandoval
511 Lakemont Drive
Clayton, NC 27520

JANI-KING OF RALEIGH/DURHAM
801 JONES FRANKLIN RD. STE 230
RALEIGH, NC 27606

Jasmin Battle
1104 Hawthorne Drive
Oklahoma City, OK 73110

Jennell Brown
3709 Rosedown Dr
Matthews, NC 28105

Jennifer Hogan
1829 E. Marion St. Apt. 1202
Shelby, NC 28152

Jennifer Reed
1601 Morris Ave
Norfolk, VA 23509

Jeong Ah Hwang
3011 Rowena Avenue APT 15
Los Angeles, CA 90039

Jerrell Parker
2213 Woodwyck Way
Raleigh, NC 27604

Joan E Kim
449 N. Catalina Avenue, #109
Pasadena, CA 91106

John Crossgrove
306 Maple Walk Street
Durham, NC 27703

Jon S. Grubbs
6220 Yosemite Dr
Port Orange, FL 32127

Jonathan M Breton
13232 Long Common Pkwy
Huntersville, NC 28078

Joni L Scholl
2474 Walnut St # 257
Cary, NC 27518

Joseph Cheek
11436 Lemmond Acres Dr
Mint Hill, NC 28227

K&L Gates LLP
P.O. BOX 844255
Boston, MA 02284-4255

Karen Berrios
1901 North Stoneacre Avenue
Compton, CA 90221

Katy Y Aguillon Campos
615 E 27Th St
Los Angeles, CA 90011

Kay N Thompson
936 S Olive St
Apt 439
Los Angeles, CA 90015

Kevin Quinn
8920 Mossy Oak Drive
Gainesville, GA 30506

Kia Motors Finance
PO BOX 20825
Fountain Valley, CA 92728-0825

Kimberly K Conley
103 Roelee St
Trinity, NC 27370

Kristen M Sykes
2305 Pitt Rd
Elon, NC 27244

Kristi A Kerrigan
11245 Lions Mane St
Charlotte, NC 28273

KWTV-TV
PO BOX 960042
Oklahoma City, OK 73196

L.A. Arena Company, LLC
1111 S. Figueroa St., Suite 3100
Los Angeles, CA 90015

Laura Fessenden
106 Glasgow St
Stem, NC 27581

Lawrence J Dalmata Jr.
595 Tillie Scott Ct
Greensboro, NC 27455

Linh Huynh
3306 Fallen Acorn Cir
Cary, NC 27519

Lisa Walling
60 Landon Drive
Edmond, OK 73013

Lishu Wang
1225 West Exposition Boulevard
Apt B
Los Angeles, CA 90007

Logan O Tufts
700 Maroubra Loop
APT 7302
Cary, NC 27513

LOS ANGELES COUNTY TAX COLLECTOR
P.O. BOX 54888
Los Angeles, CA 90054-0888

Luisa Farias
11245 Lions Mane St
Charlotte, NC 28273

Lynne A Ridgel
22433 S Vermont Ave Apt 126
Torrance, CA 90502

Manning Fulton
3605 Glenwood Ave., Suite 500
Raleigh, NC 27612

Maple One Partners, LLC
309 Gallimore Dairy Road, Suite 102
Greensboro, NC 27409

Maple One Partners, LLC
c/o Samet Properties, LLC
309 Gallimore Dairy Road, Suite 102
Greensboro, NC 27409

Marielena Cacinero
1612 Long Paw Ln
Charlotte, NC 28214

Marissa Vaughn
404 Greenwood Cir
Cary, NC 27511

Martha I Fuentes
2125 W. Avenue 30
Los Angeles, CA 90065

Martha Oviedo
236 E Caldwell St
Compton, CA 90220

Matrix
PO BOX 601771
Charlotte, NC 28260-1771

Mayflower Transit, LLC
22262 Network Place
Chicago, IL 60673-1222

McKesson Medical Surgical
PO BOX 660266
Dallas, TX 75266-0266

Medasend Biomedical Inc
11258 Monarch St
Garden Grove, CA 92841

Mei Chih Pan
630 W Bennett Ave
Glendora, CA 91741

Melissa A Tindall
3875 Evergreen Way
Zionsville, IN 46077

Melissa D Mezin
1449 S Church St
Apt 421
Charlotte, NC 28203

Mercedes-Benz Financial Services
PO BOX 685
Roanoke, TX 76262

Michael Bryant
31951 Mill Stream Rd
Trabuco Canyon, CA 92679

Michelle Carballo
4 Harper St Nw
APT B
Atlanta, GA 30318

MRC
PO BOX 843760
Los Angeles, CA 90084-3760

Natalie Legette
8243 Romana Red Ln
Charlotte, NC 28213

NCMIC
PO BOX 4866
Des Moines, IA 50305

NCMIC Finance Corporation
14001 University Avenue
Clive, IA 50325

News & Record
PO BOX 26983
Richmond, VA 23261-6983

OG&E
PO BOX 24900
Oklahoma City, OK 73124-0990

Organogenesis, Inc.
DEPT 2542
PO BOX 122542
Dallas, TX 75312-2542

Ossur Americas Inc.
PO BOX 842265
Boston, MA 02284-2265

Packard Commercial LLC
1526 S. Broadway
Los Angeles, CA 90015

Pamela Young
4126 Lake Lynn Dr Apt 306
Raleigh, NC 27613

Paul Mogannam
1000 S. Westgate Avenue #201
Los Angeles, CA 90049

Physician Solutions, Inc
PO Box 98313
Raleigh, NC 27624

Piedmont Natural Gas
PO BOX 660920
Dallas, TX 75266-0920

Pitney Bowes
PO Box 371874
Pittsburgh, PA 15250-7874

Rebeca N Lopez
4662 Brompton Dr
Greensboro, NC 27407

Registered Agent Solutions, Inc.
1701 Directors Blvd., Suite 300
Austin, TX 78744

Ren Scott Creative
9004 Brittany Way
Tampa, FL 33619

Renada Rogers
1417 Camargo Ln
Raleigh, NC 27604

Rene L McCianahan
2030 Old Chapman Drive
Apex, NC 27502

Samantha Harvey
7910 Sunfield Circle Apt 206
Raleigh, NC 27617

Sandy Springs Gateway Owner, LLC
PO BOX 392643
Pittsburgh, PA 15251

Sandy Springs Gateway Owner, LLC
c/o Core Property Mgmt, LLC
410 Peachtree Parkway, Suite 4165
Cumming, GA 30041

Sandy Springs Locksmith
PO Box 392643
Pittsburgh, PA 15251-9600

Sean P Whalen
4706 Mt Royal Ln
Charlotte, NC 28210

Sean P Whalen
4706 Mt. Royal Lane
Charlotte, NC 28210

Sejal Mankad
1000 Corwith Dr
Morrisville, NC 27560

Sensis, Inc.
818 S. Broadway, Suite 1100
Los Angeles, CA 90014

Shannon E Parrott
8132 Green Lantern St Apt 103
Raleigh, NC 27613

Shred Ace, Inc
PO Box 15519
Durham, NC 27704

Shred-it
28883 NETWORK PLACE
CHICAGO, IL 60673-1288

Smart Business System
4807 Melrose Ave
Los Angeles, CA 90029

Smith Anderson Blount Dorsett
Mitchell & Jernigan
PO Box 2611
Raleigh, NC 27602

Stacie Marchetti
239 Cypress Hill Lane
Holly Springs, NC 27540

Stanford Dosimetry LA
1204 Raymond St
Bellingham, WA 90014

Staples Advantage
Dept LA
PO Box 83689
Chicago, IL 60696-3689

Stericycle
P.O.BOX 6578
Carol Stream, IL 60197-6578

Stratus Video , LLC
PO BOX 674954
DETROIT, MI 48267-4954

Tabitha McRae
801 Grentton Pl
Apt 2G
Browns Summit, NC 27214

Tamara Faucett
11800 Battery Pl
Charlotte, NC 28273

Taylor Nicole Walker
4113 Grand Manor Ct
Apt 403
Raleigh, NC 27612

Techonology Unlimited Inc
P.O. Box 721548
Oklahoma City, OK 73172-1548

Terrez Pugh
2126 NE 15th St
Oklahoma City, OK 73117

The Charlotte Observer
PO BOX 3026
Livonia, MI 48151

The News & Observer
215 S. McDowell St
Raleigh, NC 27601

The News & Observer
PO BOX 3022
Livonia, MI 48151

Thomas M Howard
2754 Lake Waccamaw Trl
Apex, NC 27502

Thomas Russell Duncan
155 Enwood Drive
Charlotte, NC 28214

Tianne Williams
6425 Oakley Rd
Apt 1601
Union City, GA 30291

Tiara S Simmons
409 Pinewood Dr
Madison, NC 27025

TOG Langer Biomechanics Cary
160 Markland St
Markham, ON L6C 0C6

TOG Langer Biomechanics CLT
160 Markland St
Markham, ON L6C 0C6

TOG Langer Biomechanics LA
160 Markland St
Markham, ON L6C 0C6

Tower Lakes LLC
9120 N. Kelley Avenue, Suite 100
Oklahoma City, OK 73131

Tower Lakes, LLC
9120 N. Kelly Avenue
Oklahoma City, OK 73131

United Pet Care LLC
24361 El Toro Rd., Ste. 255
Laguna Woods, CA 92637

US Securities & Exchange Commission
Attn: Bankruptcy Counsel
444 South Flower Street, Suite 900
Los Angeles, CA 90071-9591

V-Corp Contracting Services, Inc.
1198 N Knollwood Cir
Anaheim, CA 92801-1307

Valpak of the Triad
PO BOX 936531
Atlanta, GA 31193

Wayfair Supply
4 Copley Place, Floor 7
Boston, MA 02116

Wcnc-Tv, Inc.
1001 Woodrdg Ctr Dr
Charlotte, NC 28217

Wendy Quarry
305 Cottonwood Lane
Holly Springs, NC 27540

WFMY
PO BOX 637386
Cincinnati, OH 45263-7286

WNCN
33096 Collections Center Drive
Chicago, IL 60693

WSB-TV
Cox Enterprises, Inc.
PO BOX 809036
Chicago, IL 60680-9036

WSOC-TV
PO BOX 809229
Chicago, IL 60680-9229

Yajaira R Martinez
11450 Albers St
North Hollywood, CA 91601

Yao Shan Chen
12314 Rose Street
Cerritos, CA 90703

Yes Capital Group, LLC
1233 48th Street
Brooklyn, NY 11219

Yi Pei Lu
18821 Carreta Dr
Rowland Heights, CA 91748

Zana Devlin
8018 Goldenrain Way
Raleigh, NC 27612